

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION

HAROLD M. ABRAHAMSEN, JR.,	)	
	)	
Plaintiff,	)	
	)	
v.	)	2:06-CV-1039-WKW
	)	
D.T. MARSHALL, <i>et al.</i> ,	)	
	)	
Defendants.	)	

**DEFENDANTS' SPECIAL REPORT AND ANSWER**

Defendants, Southern Health Partners, Inc. ("SHP") and Kenneth Nichols, M.D. ("Dr. Nichols"), submit their Special Report and Answer to the Court as follows:

**I. INTRODUCTION**

The plaintiff filed his Amended Complaint on December 13, 2006. On January 4, 2007, this Court ordered Defendants to file an Answer and Special Report concerning the factual allegations made by the plaintiff in his Amended Complaint.

**II. PLAINTIFF'S ALLEGATIONS**

The plaintiff alleges that the Defendants failed to provide adequate or appropriate medical attention in violation of the plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. Specifically, the plaintiff alleges that, from July 1 to July 28, 2005 and from October 21 to December 5, 2006, SHP and Dr. Nichols were deliberately indifferent to the plaintiff's medical needs by denying him examinations for his medical conditions and narcotic medication that had been

0000584

prescribed by other medical providers. The plaintiff also claims that SHP and Dr. Nichols provided a nutritionally deficient menu.<sup>1</sup>

### **III. DEFENDANTS' ANSWER TO PLAINTIFF'S ALLEGATIONS**

Defendants deny the allegations made against them by the plaintiff as said allegations are untrue and completely without basis in law or fact. Defendants deny that they acted, or caused anyone to act, in such a manner as to deprive the plaintiff of any right to which he was entitled. The plaintiff's complaint, as amended, fails to state a claim upon which relief can be granted. The plaintiff's claims are barred by the Prison Litigation Reform Act, because the plaintiff has failed to allege a physical injury. Defendants raise the defenses of Eleventh Amendment immunity, qualified immunity, the plaintiff's failure to comply with the Prison Litigation Reform Act and additional defenses presented below. Defendants reserve the right to add additional defenses if any further pleading is required or allowed by the law.

### **IV. SWORN STATEMENTS**

Pursuant to Paragraph 2 of the Court's Order, Defendants submit the affidavits of Dr. Nichols (Exhibit 1) and Gail Colburn, LPN (Exhibit 2), who are persons having knowledge of the subject matter of the Complaint. Defendants refer the Court to all affidavits and evidentiary materials submitted by the Co-Defendants.

---

<sup>1</sup> This statement of the plaintiff's allegations is based upon the plaintiff's Complaint as amended and the undersigned's interpretation of the issues raised. If other issues are presented, Defendant requests that this Honorable Court grant Defendants an opportunity to answer and address those issues.

## V. STATEMENT OF FACTS

### A. Background

1. Dr. Nichols obtained his medical degree from UAB in 1982. From 1982 to 1985, he performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, he has been in private practice in internal medicine in Prattville, Alabama. He is licensed by the State of Alabama as a medical doctor and has been so since 1985. Since 2004, he has been employed by Southern Health Partners, Inc. ("SHP") as the medical director of the Montgomery County Jail. (Nichols Aff. at ¶ 2.)

2. Gail Colburn ("Nurse Colburn") obtained her LPN degree from Northwest Community College in Hamilton, Alabama in 1991. From 1999 to 2001, she was employed as an LPN at Limestone Correctional Facility in Capshaw, Alabama. In 2001, she worked part-time as an LPN for Southern Health Partners, Inc. ("SHP") in Huntsville and Decatur, Alabama. In 2001, she worked as an LPN at Eglin Air Force Base, Fort Walton Beach, Florida. From 2003 to 2005, she was employed with the Medical Staffing Network as an LPN. In 2005, she was employed as an LPN for two months with PHS at the Okaloosa County Jail in Crestwood, Florida. On November 1, 2005, she was employed again by SHP as the medical team administrator at the Autauga County Metro Jail. On May 9, 2006, she became the medical team administrator at the Montgomery County Jail in Montgomery, Alabama. (Colburn Aff. at ¶ 2.)

3. SHP provides medical care to inmates in various jail facilities, including the Montgomery County Jail. During the entire time of plaintiff's incarceration in the Montgomery County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Montgomery County Commission. Health care in the jail is provided under

the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Nichols was the medical director of the jail. Janice Henry, LPN was the medical team administrator ("MTA") in July 2005 and I have been the MTA since May 2006. (Nichols Aff. at ¶ 3; Colburn Aff. at ¶ 3)

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit. (Nichols Aff. at ¶ 4; Colburn Aff. at ¶ 4.)

**B. Chronology of the plaintiff's treatment**

5. A true and accurate copy of SHP's medical chart concerning the plaintiff is attached to Nurse Colburn's Affidavit as Exhibit A. (Colburn Aff. at ¶ 6.)

6. The plaintiff was booked into the Montgomery County Jail on July 1, 2005. A medical screening was performed on the plaintiff on July 4, 2005 by Janice Henry, LPN. It was noted that the plaintiff had a heart condition, high blood pressure and mental health problems. It was also noted that he had intestinal problems and a prior lung abscess. The plaintiff stated that he was taking HCTZ, Elavil and Lortab. The plaintiff complained of a sore on his left upper thigh, which was cultured and cleansed. (Colburn Aff. at ¶ 7; Nichols Aff. at ¶ 7.)

7. On July 5, 2005, Dr. Nichols saw the plaintiff, who complained of a sore on his left leg for one and a half weeks. His prior medical history included a lung abscess and osteoarthritis to his knees and hands. He had a laceration on his right hand and a history of myocardial infarction. On physical examination, the plaintiff's blood pressure was 149/81 and he had a 2-3 cm. diameter ulceration on his lateral left thigh. Dr. Nichols assessed him with a leg ulcer

and a history of hypertension. Dr. Nichols' treatment plan called for the plaintiff to clean his leg once a day with soap and wrap with a dressing. Dr. Nichols ordered that the plaintiff receive Keflex 500 mg., Bactrim BS and Motrin to treat his complaints. (Colburn Aff. at ¶ 8; Nichols Aff. at ¶ 8.)

8. Dr. Nichols saw the plaintiff again on July 13, 2005, and the plaintiff still was complaining of problems with his left leg. The plaintiff also complained of left-sided chest pain off and on. On physical examination, Dr. Nichols noted that the plaintiff still had an ulcer on his left lateral thigh that was healing, and that he had good pulses with both feet. Dr. Nichols assessed the plaintiff with an ulcer to his lower leg and ordered that he receive two tablets of aspirin daily. (Colburn Aff. at ¶ 9; Nichols Aff. at ¶ 9.)

9. On July 19, 2005, the plaintiff was seen by Shirley Daniels, RN, a psychiatric nurse. The plaintiff verbalized that he had been treated for mental illness in the past. A review of his past medical records indicated that he had been treated for depression with Elavil and had a history of substance abuse. Nurse Daniels noted that the plaintiff would have an evaluation by a physician. (Colburn Aff. at ¶ 10; Nichols Aff. at ¶ 10.)

10. On July 20, 2005, the plaintiff underwent a history and physical performed by Janice Henry, LPN. The plaintiff noted a prior hospitalization at Baptist South and stated that he was taking aspirin daily as well as Elavil for mental health. The plaintiff gave a history of asthma, hay fever, pneumonia and heart problems. (Colburn Aff. at ¶ 11; Nichols Aff. at ¶ 11.)

11. On July 23, 2005, Nurse Daniels notified the plaintiff that Dr. Sanders, a psychiatrist at UAB, had informed the medical staff about the plaintiff's depression. Dr. Sanders ordered Elavil 100 mg. at the hour of sleep for the plaintiff, and the plaintiff was scheduled to be evaluated by Dr. Sanders. (Colburn Aff. at ¶ 12; Nichols Aff. at ¶ 12.)

12. On July 24, 2005, the plaintiff was seen by Dr. Sanders, whose plan consisted of continuing the plaintiff's prescription for Elavil 100 mg. at the hour of sleep. (Colburn Aff. at ¶ 13; Nichols Aff. at ¶ 13.)

13. The plaintiff was released from the Montgomery County Jail on July 28, 2005. (Colburn Aff. at ¶ 14; Nichols Aff. at ¶ 14.)

14. The plaintiff was again booked into the Montgomery County Jail on October 20, 2006. On October 21, 2006, Carolyn Dees, LPN completed a history and physical form on the plaintiff. The plaintiff was noted to have a past hospitalization for a lung abscess and his current medications included Lortab, Lorcet, HCTZ and Elavil. (Colburn Aff. at ¶ 15; Nichols Aff. at ¶ 15.)

15. On October 26, 2006, the plaintiff completed an inmate sick call slip, complaining of cancer, depression and degenerative arthritis. He said that he needed his lung medications and that he had been taking Oxycontin, Lorcet, Lortab, HCTZ and Elavil. He claimed to have been sick for over two years. The plaintiff was seen by Cynthia Davis, LPN on the same day, who noted that the plaintiff was complaining of having asbestos on his lung. The plaintiff stated that he was taking two aspirins daily and complained of numbness in his right arm and leg. He also complained of being unable to stand a long period of time and of shallow breathing. The patient was referred to Dr. Nichols for these multiple problems. (Colburn Aff. at ¶ 16; Nichols Aff. at ¶ 16.)

16. On October 27, 2006, Dr. Nichols saw the plaintiff. Dr. Nichols noted that the plaintiff stated he had a myocardial infarction three years ago and was treated at Baptist South Hospital. The plaintiff also gave a history of lung abscess. The plaintiff stated that he had gone to PRI-MED and was told he had cancer secondary to asbestos. The plaintiff also stated that he underwent a bronchoscope and was told he had cancer. The plaintiff complained of trouble with

numbness in his arms and hands and also tenderness on the insides of both knees. He also complained of chest pain off and on. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with depression and a history of parapneumonic effusion. Dr. Nichols ordered that the plaintiff receive Elavil 50 mg. twice a day and aspirin twice a day. (Colburn Aff. at ¶ 17; Nichols Aff. at ¶ 17.)

17. On November 14, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pains and needed an examination done by a qualified, disinterested third party. On November 16, 2006, the plaintiff was seen by Cynthia Davis, LPN, who referred him to Dr. Nichols. (Colburn Aff. at ¶ 18; Nichols Aff. at ¶ 18.)

18. On November 17, 2006, Dr. Nichols saw the plaintiff, who complained that he was getting pain in the substernal area with radiation through to his back. The plaintiff complained of problems sleeping when he did not eat sugar and complained of pain to the left of his sternum. He also complained again of numbness in both arms and pain in his right shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with chest wall pain and back pain. Dr. Nichols increased the plaintiff's evening dosage of Elavil to 100 mg. and ordered ibuprofen 800 mg. twice a day for two weeks for the plaintiff's pain. (Colburn Aff. at ¶ 19; Nichols Aff. at ¶ 19.)

19. On December 7, 2006, the plaintiff completed an inmate sick call slip, complaining that his chest was hurting again and that he could not sleep at night. The plaintiff stated that he was sick now and that his throat and lungs felt raw. The plaintiff was seen by Carolyn Dees, LPN, who referred the plaintiff to Dr. Nichols for follow-up. (Colburn Aff. at ¶ 20; Nichols Aff. at ¶ 20.)

20. On December 8, 2006, the plaintiff completed an inmate sick call slip, complaining that his lungs felt like they were burning, that he had soreness and congestion and that he had been sick. The plaintiff was seen by Nurse Colburn, and she noted that the plaintiff's lungs were clear, that his heart rate was regular, that there was no cough, that his skin was warm and dry and that there was no sinus congestion. (Colburn Aff. at ¶ 21; Nichols Aff. at ¶ 21.)

21. On December 12, 2006, Dr. Nichols saw the plaintiff, who complained that he still had a sharp pain on the left edge of his sternum off and on, which was non-radiating. The plaintiff also complained of a cough. On physical examination, the plaintiff's blood pressure was 180/100, his lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with bronchitis and hypertension. Dr. Nichols ordered that the plaintiff receive Doxycycline 100 mg. twice a day for ten days for his bronchitis and Atenolol 50 mg. daily for the hypertension. (Colburn Aff. at ¶ 22; Nichols Aff. at ¶ 22.)

22. On December 16, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pain and that on the evening of December 15, 2006 he had received no high blood pressure medication. The plaintiff was scheduled to be seen by medical staff on December 20, 2006 in response to these complaints, but the plaintiff refused to be treated, signing a sick call refusal form. (Colburn Aff. at ¶ 23; Nichols Aff. at ¶ 23.)

23. On January 1, 2007, the plaintiff completed an inmate sick call slip, requesting to see Dr. Nichols. On January 3, 2007, the plaintiff was seen by Cynthia Davis, LPN, who noted that the plaintiff was complaining of a burning sensation in his chest and chest pain along with chronic pain to his knee. The plaintiff requested an extension of medication and also requested to



see Dr. Nichols. The plaintiff was observed to have dry, flaky skin to his feet and scalp and inner buttock, and he wanted his Elavil increased. (Colburn Aff. at ¶ 24; Nichols Aff. at ¶ 24.)

24. On January 4, 2007, Dr. Nichols saw the plaintiff. The plaintiff stated that he was feeling generally better and that his blood pressure was better. The plaintiff still complained of some pain in his left chest and some pain in his interior left shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with hypertension and chest wall pain. Dr. Nichols ordered that the plaintiff's Atenolol be increased to twice a day and that the plaintiff receive ibuprofen 800 mg. twice a day for two weeks for his pain. (Colburn Aff. at ¶ 25; Nichols Aff. at ¶ 25.)

25. On January 14, 2007, the plaintiff completed an inmate sick call slip, complaining that he needed more skin ointment and that his blood pressure still was not quite right. On January 17, 2007, the plaintiff was seen by Tamara Lawson, LPN, who referred the plaintiff to see Dr. Nichols. (Colburn Aff. at ¶ 26; Nichols Aff. at ¶ 26.)

26. On January 19, 2007, Dr. Nichols saw the plaintiff, noting the plaintiff was given some cream last week for dry skin that worked pretty well. The plaintiff stated that he still had some chest pain and burning in his lungs, which worsened when his blood pressure was up. He also complained of numbness in his left arm. The plaintiff said he used to smoke, quit for thirteen years but had started back with one-half of a pack per day. On physical examination, the plaintiff's blood pressure was 176/108, he had no jugular venous distention (JVD), his lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with hypertension and chest wall pain and ordered that the plaintiff receive Vasotec 20 mg. twice a day and HCTZ 25 mg. daily for his high blood pressure. (Colburn Aff. at ¶ 27; Nichols Aff. at ¶ 27.)

27. On February 5, 2007, the plaintiff completed an inmate sick call slip, complaining of an infected prostate, chest pain and that his lungs were hurting. On February 6, 2007, he was placed on the MD list to see Dr. Nichols. (Colburn Aff. at ¶ 28; Nichols Aff. at ¶ 28.)

28. On February 9, 2007, Dr. Nichols saw the plaintiff, who said his blood pressure had been ok but that he had a “stabbing” chest pain to the left of his sternum that was non-radiating. He also complained of pain in his left upper arm when he lays on his left side and degenerative arthritis in his lower back and neck. On physical examination, the plaintiff’s lungs were clear, his heart was normal and he had a non-tender chest wall. Dr. Nichols assessed him with hypertension, chest pain, history of lung abscess and degenerative disc disease with his back. Dr. Nichols’ plan consisted of arranging a stress test (G X T), ordering a chest x-ray and prescribing Motrin for his pain. Dr. Nichols also increased the plaintiff’s Elavil prescription to 100 mg twice a day. (Colburn Aff. at ¶ 29; Nichols Aff. at ¶ 29.)

29. On February 13, 2007, the plaintiff received a chest x-ray, which revealed changes consistent with COPD but was otherwise negative. (Colburn Aff. at ¶ 30; Nichols Aff. at ¶ 30.)

30. On February 15, 2007, Dr. Nichols saw the plaintiff, who complained of some dysuria for a couple of weeks off and on and some rectal discomfort. He had no fever and stated that his mental health was not worse since the increase in Elavil. Dr. Nichols assessed the plaintiff with prostatitis and ordered that he receive Doxycycline 100 mg twice a day for two weeks to treat same. (Colburn Aff. at ¶ 31; Nichols Aff. at ¶ 31.)

31. On March 1, 2007, the plaintiff underwent a nuclear medicine stress test for his heart, which revealed normal cardiac function. (Colburn Aff. at ¶ 32; Nichols Aff. at ¶ 32.)

32. On March 6, 2007, Dr. Nichols saw the plaintiff, who stated that he still had some pain in his left chest. He complained of some light headed spells following the stress test. The plaintiff also complained of low back pain and that his heels were really dry. He also stated that his prostate was still bothering him. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with costochondritis and back pain. Dr. Nichols told the plaintiff that, based on the chest x-ray and the stress test, that the plaintiff's heart and chest were normal. Dr. Nichols ordered Cipro 500 mg. twice a day for ten days for his prostate complaints and Cardura 4 mgs. at night for prostate enlargement. (Colburn Aff. at ¶ 33; Nichols Aff. at ¶ 33.)

**C. Defendants were not responsible for providing the menu for inmates.**

33. SHP's contract with the Montgomery County Commission does not include providing meals to inmates. Neither SHP nor Dr. Nichols has any role in the menu selected and provided for inmates. (Colburn Aff. at ¶ 34; Nichols Aff. at ¶ 34.)

**D. Defendants were not deliberately indifferent to the plaintiff's medical needs.**

34. In Dr. Nichols' medical opinion, the plaintiff was provided appropriate medication to treat his medical conditions and was examined by Dr. Nichols and the medical staff in a timely and appropriate manner in response to all of the plaintiff's sick call slips. In Nurse Colburn's opinion, the plaintiff was provided appropriate nursing care in response to his sick call slips and the medical staff responded to all of his complaints in a timely and appropriate manner. (Colburn Aff. at ¶ 35; Nichols Aff. at ¶ 35.)

35. All necessary care provided to the plaintiff by the SHP medical staff was appropriate, timely and within the standard of care. (Colburn Aff. at ¶ 36; Nichols Aff. at ¶ 36.)

36. On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff ever indifferent to any complaint that he made. (Colburn Aff. at ¶ 37; Nichols Aff. at ¶ 37.)

## VI. LEGAL ARGUMENT

### A. The plaintiff's claims against Dr. Nichols and SHP are due to be dismissed, because the plaintiff has presented no evidence that Defendants were deliberately indifferent to a serious medical condition.

In order to prevail under 42 U.S.C. § 1983 on his medical claim, the plaintiff must demonstrate that Defendants were deliberately indifferent to a serious medical condition. Because society does not expect that prisoners will have unqualified access to health care, deliberate indifference to medical needs amounts to an Eighth Amendment violation only if those needs are “serious.” *Hudson v. McMillian*, 503 U.S. 1, 9 (1992). “A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor’s attention.” *Kelley v. Hicks*, 400 F.3d 1282, 1284 n. 3 (11<sup>th</sup> Cir. 2005). Where a prisoner has received medical attention and the dispute concerns the adequacy of the medical treatment, deliberate indifference is not shown. *Hamm v. DeKalb County*, 774 F.2d 1567 (11<sup>th</sup> Cir. 1985).

Indeed, in *Estelle v. Gamble*, 429 U.S. 97, 106 (1976), the United States Supreme Court held that medical malpractice does not become a constitutional violation merely because the victim is a prisoner. Thus, the inadvertent or negligent failure to provide adequate medical care “cannot be said to constitute an unnecessary and wanton infliction of pain.” (*Id.* at 105-06.) Instead, it must be shown that there was a “deliberate indifference” to the serious medical needs of a prisoner. (*Id.* at 104.)

In addition, an inmate does not have a right to a *specific* kind of medical treatment. *City of Revere v. Massachusetts General Hosp.*, 463 U.S. 239, 246 (1983) (holding, “the injured detainee’s constitutional right is to receive the needed medical treatment; *how [a municipality] obtains such treatment is not a federal constitutional question*”) (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the plaintiff. See *Waldrop v. Evans*, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that “when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation”); *Hamm v. DeKalb County*, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received “significant” medical care while in jail, and although the plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); *Westlake v. Lucas*, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating “[w]here a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments.”).

In this case, there is absolutely no evidence from which a jury could find that Dr. Nichols or the SHP medical staff acted with deliberate indifference to any serious medical need of the plaintiff. On the contrary, the plaintiff’s medical chart clearly demonstrates that all of his medical needs were addressed in a timely and appropriate fashion. In Dr. Nichols’ medical opinion, the plaintiff was provided appropriate medication to treat his medical conditions and was examined by Dr. Nichols and the medical staff in a timely and appropriate manner in response to all sick call slips. (Nichols Aff. at ¶ 35.) In Nurse Colburn’s opinion, the plaintiff was provided appropriate nursing care in response to his sick call slips and the medical staff responded to all of his complaints in a timely and

certain special requirements for liability apply. *Edwards*, 81 F.Supp.2d at 1254-55; *McDuffie v. Hopper*, 982 F.Supp. 817, 825 (M.D. Ala. 1997). Thus, in order to prove that SHP should be liable in this case, the plaintiff would have to demonstrate that SHP itself directly caused the violation of his constitutional rights through SHP's adoption of some official policy or practice. See, e.g., *Monell v. Department of Social Services*, 436 U.S. 658, 695 (1978); *Gilmere v. City of Atlanta*, 774 F.2d 1495, 1502-03 (11th Cir. 1985). Plaintiff has failed to assert a specific allegation against SHP in his complaint, and a theory of *respondeat superior* is insufficient in any event to support a §1983 claim. Therefore, even the broad assertion that SHP was generally responsible for the acts or omissions of its medical staff would be inadequate to prove liability. For this reason, SHP is entitled to a full and final summary judgment. See, *Monell*, 436 U.S. at 691-92; *Edwards*, 81 F.Supp.2d at 1255.

**D. Because the plaintiff has failed to allege a physical injury, his claims are barred by the Prison Litigation Reform Act.**

Under the Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(e), "no federal civil action may be brought by a prisoner confined in a jail, prison, or other correctional facility, for mental or emotional injury suffered while under custody without a prior showing of physical injury." The Eleventh Circuit has held that, "[i]n order to avoid dismissal under § 1997e(e), a prisoner's claims for emotional or mental injury must be accompanied by allegations of physical injuries that are greater than *de minimus*." *Mitchell v. Brown and Williamson Tobacco Corporation*, 294 F.3d 1309, 1312-1313 (11th Cir. 2002). In *Shabazz v. Barnausks*, 790 F. 2d 1536, 1538 (11th Cir. 1986), the 11th Circuit dismissed the plaintiff's Eighth Amendment cruel and unusual punishment claim, because the allegation of a forced shave was *de minimus*, even though the shaving caused "bleeding,

appropriate manner. (Colburn Aff. at ¶ 35.) Dr. Nichols and Nurse Colburn have testified that all necessary care provided to the plaintiff by Dr. Nichols and the SHP medical staff was appropriate, timely and within the standard of care and that on no occasion was the plaintiff ever at risk of serious harm nor was the medical staff ever indifferent to any complaint that he made. (Colburn Aff. at ¶ 36-37; Nichols Aff. at ¶ 36-37.) The plaintiff has failed to present any evidence or medical testimony rebutting this testimony and, in fact, has presented no evidence that the treatment provided him by said Defendants was somehow indifferent to his needs.

**B. Because Defendants had no responsibility for the food menu, Defendants are entitled to summary judgment on this claim.**

SHP's contract with the Montgomery County Commission does not include providing meals to inmates. (Colburn Aff. at ¶ 34; Nichols Aff. at ¶ 34.) Neither SHP nor Dr. Nichols has any role in the menu selected and provided for inmates. (*Id.*) As such, Dr. Nichols and SHP are entitled to summary judgment on plaintiff's claims that he was subjected to a nutritionally deficient menu.

**C. SHP Is Due To Be Dismissed, Because There is No Evidence that SHP Itself Directly Caused the Violation of Any Constitutional Right Through Its Adoption of Some Official Policy or Practice.**

Precedent from the U.S. Court of Appeals for the Eleventh Circuit provides that when a private corporation contracts with a state to perform a function traditionally within the province of the state government, including the provision of medical services to state inmates, then that corporation should be treated as a governmental entity and as a person acting under color of state law within the meaning of 42 U.S.C. §1983. *Buckner v. Toro*, 116 F.3d 450, 452 (11th Cir. 1997); *Edwards v. Alabama Department of Corrections*, 81 F.Supp.2d 1242, 1254 (M.D. Ala. 2000). Although the private entity operating under such circumstances is not entitled to qualified immunity,

inflammation, irritation, ingrowing of hairs, infection, purulence and pain.” *See also Siglar v. Hightower*, 112 F.3d 191, 194 (5th Cir. 1997) (finding that a bruised ear which lasted three days was not sufficient to support recovery under 1997e(e)); *Benson v. Carlton*, No. 99-6433, 2000 U.S. App. LEXIS 21202, at \*2 (6th Cir. Aug. 9, 2000) (holding that a “whirling sensation” and missing meals did not constitute a more than *de minimus* physical injury). *Zehner v. Trigg*, 133 F.3d 459 (7th Cir. 1997) (affirmed dismissal of Eighth Amendment claim for exposure to asbestos because plaintiff failed to show any physical injury); *Allen v. Chapman*, 1999 U.S. Dist. LEXIS 6686, \*6 (S. D. Ala. March 10, 1999), adopted with modification on other grounds, 1999 U.S. Dist. Lexis 6750 (April 27, 1999)(failure to protect claim dismissed under § 1997e(e) because no allegation of physical injury; allegation that “life was endangered and that he was almost killed” was insufficient); *Luong v. Hatt*, 979 F. Supp. 481 (N.D. Tex. 1997)(dismissing claim for failure to protect where only evidence of injury was cuts and bruises lasting no longer than two or three days which were *de minimus* and did not meet physical injury requirement); *Davis v. Dist. of Columbia*, 158 F.3d 1342 (D.C. 1998) (allegation of insomnia, appetite loss and weight loss as consequence of emotional trauma insufficient to meet § 1997e(e) physical injury requirement).

In the case at bar, the plaintiff has failed to allege any physical injury in his Amended Complaint. As such, his claims should be barred by the PLRA.



## VII. REQUEST THAT SPECIAL REPORT BE TREATED AS MOTION FOR SUMMARY JUDGMENT.

### A. Summary Judgment Standard

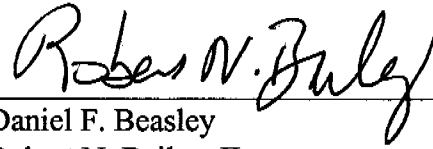
Pursuant to Rule 56 of the Federal Rules of Civil Procedure, Defendants move this Court to enter summary judgment in their favor, because, as is more particularly shown above, there is no genuine issue as to any material fact and they are entitled to judgment as a matter of law.

On a motion for summary judgment, the court should view the evidence in a light most favorable to the nonmovant. However, a plaintiff “must do more than show that there is some metaphysical doubt as to the material facts.” *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant’s benefit. See *Reeves v. Sanderson Plumbing Products, Inc.*, 530 U.S. 133 (2000). “[T]he court should give credence to the evidence favoring the nonmovant as well as that ‘evidence supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses.’” *Reeves*, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, *Federal Practice and Procedure* § 2529, p. 299. “A reviewing court need not ‘swallow plaintiff’s invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited.’” *Marsh v. Butler County*, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (*en banc*) quoting *Massachusetts School of Law v. American Bar*, 142 F.3d 26, 40 (1st Cir. 1998).

### B. Motion for Summary Judgment

Defendants respectfully request that this honorable Court treat this Special Report as a motion for summary judgment and grant unto them the same.

Respectfully submitted,



Daniel F. Beasley  
Robert N. Bailey, II

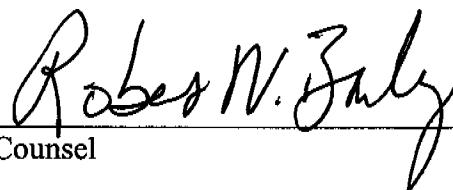
LANIER FORD SHAVER & PAYNE P.C.  
200 West Side Square, Suite 5000  
P.O. Box 2087  
Huntsville, Alabama 35804  
(256) 535-1100

**CERTIFICATE OF SERVICE**

I hereby certify that on this the 15 day of March, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and I hereby certify that I have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant:

Harold M. Abrahamsen, Jr.  
Inmate No. 76171  
Montgomery County Detention Facility  
P.O. Box 4599  
Montgomery, AL 36103

Constance C. Walker  
Haskell Slaughter Young & Gallion, LLC  
305 Lawrence Street  
P.O. Box 4660  
Montgomery, AL 36103-4660



Of Counsel

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION

HAROLD M. ABRAHAMSEN, JR.,	)	
	)	
Plaintiff,	)	
	)	
v.	)	2:06-CV-1039-WKW
	)	
D.T. MARSHALL, <i>et al.</i> ,	)	
	)	
Defendants.	)	

**AFFIDAVIT OF KENNETH NICHOLS, M.D.**

Before me, the undersigned notary public, in and for said County and State, personally appeared **Kenneth Nichols, M.D.**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Kenneth Nichols, M.D. I am over the age of 19 years and have personal knowledge of the facts contained herein.

2. I obtained my medical degree from UAB in 1982. From 1982 to 1985, I performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, I have been in private practice in internal medicine in Prattville, Alabama. I am licensed by the State of Alabama as a medical doctor and have been so since 1985. Since 2004, I have been employed by Southern Health Partners, Inc. ("SHP") as the medical director of the Montgomery County Jail.

3. SHP provides medical care to inmates in various jail facilities, including the Montgomery County Jail. During the entire time of plaintiff's incarceration in the Montgomery County Jail, health care services have been provided to the inmates by SHP pursuant to a contract

between SHP and the Montgomery County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, I was the medical director in the jail.

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

5. As I understand the plaintiff's complaint, the plaintiff alleges that, from July 1 to July 28, 2005 and from October 21 to December 5, 2006, SHP and myself were deliberately indifferent to the plaintiff's medical needs by denying him examinations for his medical conditions and narcotic medication that had been prescribed by other medical providers. The plaintiff also claims that SHP and myself provided a nutritionally deficient menu.

6. I have reviewed SHP's entire medical chart on the plaintiff.

7. The plaintiff was booked into the Montgomery County Jail on July 1, 2005. A medical screening was performed on the plaintiff on July 4, 2005 by Janice Henry, LPN. It was noted that the plaintiff had a heart condition, high blood pressure and mental health problems. It was also noted that he had intestinal problems and a prior lung abscess. The plaintiff stated that he was taking HCTZ, Elavil and Lortab. The plaintiff complained of a sore on his left upper thigh, which was cultured and cleansed.

8. On July 5, 2005, I saw the plaintiff, who complained of a sore on his left leg for one and a half weeks. His prior medical history included a lung abscess and osteoarthritis to his knees and hands. He had a laceration on his right hand and a history of myocardial infarction. On physical examination, the plaintiff's blood pressure was 149/81 and he had a 2-3 cm. diameter ulceration on

000077A

his lateral left thigh. I assessed him with a leg ulcer and a history of hypertension. My treatment plan called for him to clean his leg once a day with soap and wrap with a dressing. I ordered that he receive Keflex 500 mg., Bactrim BS and Motrin to treat his complaints.

9. I saw the plaintiff again on July 13, 2005, and he still was complaining of problems with his left leg. The plaintiff also complained of left-sided chest pain off and on. On physical examination, I noted that the plaintiff still had an ulcer on his left lateral thigh that was healing, and that he had good pulses with both feet. I assessed the plaintiff with an ulcer to his lower leg and ordered that he receive two tablets of aspirin daily.

10. On July 19, 2005, the plaintiff was seen by Shirley Daniels, RN, a psychiatric nurse. The plaintiff verbalized that he had been treated for mental illness in the past. A review of his past medical records indicated that he had been treated for depression with Elavil and had a history of substance abuse. Nurse Daniels noted that the plaintiff would have an evaluation by a physician.

11. On July 20, 2005, the plaintiff underwent a history and physical performed by Janice Henry, LPN. The plaintiff noted a prior hospitalization at Baptist South and stated that he was taking aspirin daily as well as Elavil for mental health. The plaintiff gave a history of asthma, hay fever, pneumonia and heart problems.

12. On July 23, 2005, Nurse Daniels notified the plaintiff that Dr. Sanders, a psychiatrist at UAB, had informed the medical staff about the plaintiff's depression. Dr. Sanders ordered Elavil 100 mg. at the hour of sleep for the plaintiff, and the plaintiff was scheduled to be evaluated by Dr. Sanders.

13. On July 24, 2005, the plaintiff was seen by Dr. Sanders, whose plan consisted of continuing the plaintiff's prescription for Elavil 100 mg. at the hour of sleep.

14. The plaintiff was released from the Montgomery County Jail on July 28, 2005.

000078H

15. The plaintiff was again booked into the Montgomery County Jail on October 20, 2006. On October 21, 2006, Carolyn Dees, LPN completed a history and physical form on the plaintiff. The plaintiff was noted to have a past hospitalization for a lung abscess and his current medications included Lortab, Lorcet, HCTZ and Elavil.

16. On October 26, 2006, the plaintiff completed an inmate sick call slip, complaining of cancer, depression and degenerative arthritis. He said that he needed his lung medications and that he had been taking Oxycontin, Lorcet, Lortab, HCTZ and Elavil. He claimed to have been sick for over two years. The plaintiff was seen by Cynthia Davis, LPN on the same day, who noted that the plaintiff was complaining of having asbestos on his lung. The plaintiff stated that he was taking two aspirins daily and complained of numbness in his right arm and leg. He also complained of being unable to stand a long period of time and of shallow breathing. The patient was referred to me for these multiple problems.

17. On October 27, 2006, I saw the plaintiff. I noted that the plaintiff stated he had a myocardial infarction three years ago and was treated at Baptist South Hospital. He also gave a history of lung abscess. The plaintiff stated that he had gone to PRI-MED and was told he had cancer secondary to asbestos. The plaintiff also stated that he underwent a bronchoscope and was told he had cancer. The plaintiff complained of trouble with numbness in his arms and hands and also tenderness on the insides of both knees. He also complained of chest pain off and on. On physical examination, the plaintiff's lungs were clear and his heart was normal. I assessed the plaintiff with depression and a history of parapneumonic effusion. I ordered that the plaintiff receive Elavil 50 mg. twice a day and aspirin twice a day.

18. On November 14, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pains and needed an examination done by a qualified, disinterested

000079H

third party. On November 16, 2006, the plaintiff was seen by Cynthia Davis, LPN, who referred him to me.

19. On November 17, 2006, I saw the plaintiff, who complained that he was getting pain in the substernal area with radiation through to his back. The plaintiff complained of problems sleeping when he did not eat sugar and complained of pain to the left of his sternum. He also complained again of numbness in both arms and pain in his right shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. I assessed the plaintiff with chest wall pain and back pain. I increased the plaintiff's evening dosage of Elavil to 100 mg. and ordered ibuprofen 800 mg. twice a day for two weeks for the plaintiff's pain.

20. On December 7, 2006, the plaintiff completed an inmate sick call slip, complaining that his chest was hurting again and that he could not sleep at night. The plaintiff stated that he was sick now and that his throat and lungs felt raw. The plaintiff was seen by Carolyn Dees, LPN, who referred the plaintiff to me for follow-up.

21. On December 8, 2006, the plaintiff completed an inmate sick call slip, complaining that his lungs felt like they were burning, that he had soreness and congestion and that he had been sick. The plaintiff was seen by Gail Colburn, LPN, who noted the plaintiff's lungs were clear, that his heart rate was regular, that there was no cough, that his skin was warm and dry and that there was no sinus congestion.

22. On December 12, 2006, I saw the plaintiff, who complained that he still had a sharp pain on the left edge of his sternum off and on, which was non-radiating. The plaintiff also complained of a cough. On physical examination, the plaintiff's blood pressure was 180/100, his lungs were clear and his heart was normal. I assessed the plaintiff with bronchitis and hypertension.

00000001

I ordered that the plaintiff receive Doxycycline 100 mg. twice a day for ten days for his bronchitis and Atenolol 50 mg. daily for the hypertension.

23. On December 16, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pain and that on the evening of December 15, 2006 he had received no high blood pressure medication. The plaintiff was scheduled to be seen by medical staff on December 20, 2006 in response to these complaints, but the plaintiff refused to be treated, signing a sick call refusal form.

24. On January 1, 2007, the plaintiff completed an inmate sick call slip, requesting to see me. On January 3, 2007, the plaintiff was seen by Cynthia Davis, LPN, who noted that the plaintiff was complaining of a burning sensation in his chest and chest pain along with chronic pain to his knee. The plaintiff requested an extension of medication and also requested to see me. The plaintiff was observed to have dry, flaky skin to his feet and scalp and inner buttock, and he wanted his Elavil increased.

25. On January 4, 2007, I saw the plaintiff. The plaintiff noted that he was feeling generally better and that his blood pressure was better. The plaintiff still complained of some pain in his left chest and some pain in his interior left shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. I assessed the plaintiff with hypertension and chest wall pain. I ordered that the plaintiff's Atenolol be increased to twice a day and that the plaintiff receive ibuprofen 800 mg. twice a day for two weeks for his pain.

26. On January 14, 2007, the plaintiff completed an inmate sick call slip, complaining that he needed more skin ointment and that his blood pressure still was not quite right. On January 17, 2007, the plaintiff was seen by Tamara Lawson, LPN, who referred the plaintiff to see me.

000081H



27. On January 19, 2007, I saw the plaintiff, noting the plaintiff was given some cream last week for dry skin that worked pretty well. The plaintiff stated that he still had some chest pain and burning in his lungs, which worsened when his blood pressure is up. He also complained of numbness in his left arm. The plaintiff said he used to smoke, quit for thirteen years but had started back with one-half of a pack per day. On physical examination, the plaintiff's blood pressure was 176/108, he had no jugular venous distention (JVD), his lungs were clear and his heart was normal. I assessed the plaintiff with hypertension and chest wall pain. I ordered that the plaintiff receive Vasotec 20 mg. twice a day and HCTZ 25 mg. daily for his high blood pressure.

28. On February 5, 2007, the plaintiff completed an inmate sick call slip, complaining of an infected prostate, chest pain and that his lungs were hurting. On February 6, 2007, he was placed on the MD list to see me.

29. On February 9, 2007, I saw the plaintiff, who said his blood pressure had been ok but that he had a "stabbing" chest pain to the left of his sternum that was non-radiating. He also complained of pain in his left upper arm when he lays on his left side and degenerative arthritis in his lower back and neck. On physical examination, the plaintiff's lungs were clear, his heart was normal and he had a non-tender chest wall. I assessed him with hypertension, chest pain, history of lung abscess and degenerative disc disease with his back. My plan consisted of arranging a stress test (G X T), ordering a chest x-ray and prescribing Motrin for his pain. I also increased his Elavil prescription to 100 mg twice a day.

30. On February 13, 2007, the plaintiff received a chest x-ray, which revealed changes consistent with COPD but was otherwise negative.

31. On February 15, 2007, I saw the plaintiff, who complained of some dysuria for a couple of weeks off and on and some rectal discomfort. He had no fever and stated that his mental

0000082H

health was not worse since the increase in Elavil. I assessed the plaintiff with prostatitis and ordered that he receive Doxycycline 100 mg twice a day for two weeks to treat same.

32. On March 1, 2007, the plaintiff underwent a nuclear medicine stress test for his heart, which revealed normal cardiac function.

33. On March 6, 2007, I saw the plaintiff, who stated that he still had some pain in his left chest. He complained of some light headed spells following the stress test. The plaintiff also complained of low back pain and that his heels were really dry. He also stated that his prostate was still bothering him. On physical examination, the plaintiff's lungs were clear and his heart was normal. I assessed the plaintiff with costochondritis and back pain. I told the plaintiff that, based on the chest x-ray and the stress test, his heart and chest were normal. I ordered Cipro 500 mg. twice a day for ten days for his prostate complaints, and Cardura 4 mgs. at night for prostate enlargement.

34. SHP's contract with the Montgomery County Commission does not include providing meals to inmates. Neither SHP nor myself has any role in the menu selected and provided for inmates.

35. In my medical opinion, the plaintiff was provided appropriate medication to treat his medical conditions and was examined by me and the medical staff in a timely and appropriate manner in response to all of his sick call slips.

36. All necessary care provided to the plaintiff by me and by the SHP medical staff was appropriate, timely and within the standard of care.

37. On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff ever indifferent to any complaint that he made.

00000374



Kenneth Nichols, M.D.

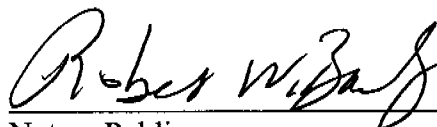
STATE OF ALABAMA )

COUNTY OF )

Autauga

I, the undersigned Notary Public in and for said county in said state, hereby certify that Kenneth Nichols, M.D., whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 13 day of March, 2007.



Notary Public

My Commission Expires:

12-3-2007

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION

HAROLD M. ABRAHAMSEN, JR.,	)	
	)	
Plaintiff,	)	
	)	
v.	)	2:06-CV-1039-WKW
	)	
D.T. MARSHALL, <i>et al.</i> ,	)	
	)	
Defendants.	)	

**AFFIDAVIT OF GAIL COLBURN, LPN**

Before me, the undersigned notary public, in and for said County and State, personally appeared **Gail Colburn, LPN**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Gail Colburn, LPN. I am over the age of 19 years and have personal knowledge of the facts contained herein.

2. I obtained my LPN degree from Northwest Community College in Hamilton, Alabama in 1991. From 1999 to 2001, I was employed as an LPN at Limestone Correctional Facility in Capshaw, Alabama. In 2001, I worked part-time as an LPN for Southern Health Partners, Inc. ("SPH") in Huntsville and Decatur, Alabama. In 2001, I worked as an LPN at Eglin Air Force Base, Fort Walton Beach, Florida. From 2003 to 2005, I was employed with the Medical Staffing Network as an LPN. In 2005, I was employed as an LPN for two months with PHS at the Okaloosa County Jail in Crestwood, Florida. On November 1, 2005, I was employed again by SHP as the medical team administrator at the Autauga County Metro Jail. On May 9, 2006, I became the medical team administrator at the Montgomery County Jail in Montgomery, Alabama.

000005H

3. SHP provides medical care to inmates in various jail facilities, including the Montgomery County Jail. During the entire time of plaintiff's incarceration in the Montgomery County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Montgomery County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Kenneth Nichols was the medical director in the jail. Janice Henry, LPN was the medical team administrator ("MTA") in July 2005 and I have been the MTA since May 2006.

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

5. As I understand the plaintiff's complaint, the plaintiff alleges that, from July 1 to July 28, 2005 and from October 21 to December 5, 2006, SHP and Dr. Nichols were deliberately indifferent to the plaintiff's medical needs by denying him examinations for his medical conditions and narcotic medication that had been prescribed by other medical providers. The plaintiff also claims that SHP and Dr. Nichols provided a nutritionally deficient menu.

6. I have reviewed SHP's entire medical chart on the plaintiff, a true and accurate copy of which is attached hereto as Exhibit A.

7. The plaintiff was booked into the Montgomery County Jail on July 1, 2005. A medical screening was performed on the plaintiff on July 4, 2005 by Janice Henry, LPN. It was noted that the plaintiff had a heart condition, high blood pressure and mental health problems. It was also noted that he had intestinal problems and a prior lung abscess. The plaintiff stated that he was

000086H

taking HCTZ, Elavil and Lortab. The plaintiff complained of a sore on his left upper thigh, which was cultured and cleansed.

8. On July 5, 2005, Dr. Nichols saw the plaintiff, who complained of a sore on his left leg for one and a half weeks. His prior medical history included a lung abscess and osteoarthritis to his knees and hands. He had a laceration on his right hand and a history of myocardial infarction. On physical examination, the plaintiff's blood pressure was 149/81 and he had a 2-3 cm. diameter ulceration on his lateral left thigh. Dr. Nichols assessed him with a leg ulcer and a history of hypertension. Dr. Nichols' treatment plan called for the plaintiff to clean his leg once a day with soap and wrap with a dressing. Dr. Nichols ordered that the plaintiff receive Keflex 500 mg., Bactrim BS and Motrin to treat his complaints.

9. Dr. Nichols saw the plaintiff again on July 13, 2005, and the plaintiff still was complaining of problems with his left leg. The plaintiff also complained of left-sided chest pain off and on. On physical examination, Dr. Nichols noted that the plaintiff still had an ulcer on his left lateral thigh that was healing, and that he had good pulses with both feet. Dr. Nichols assessed the plaintiff with an ulcer to his lower leg and ordered that he receive two tablets of aspirin daily.

10. On July 19, 2005, the plaintiff was seen by Shirley Daniels, RN, a psychiatric nurse. The plaintiff verbalized that he had been treated for mental illness in the past. A review of his past medical records indicated that he had been treated for depression with Elavil and had a history of substance abuse. Nurse Daniels noted that the plaintiff would have an evaluation by a physician.

11. On July 20, 2005, the plaintiff underwent a history and physical performed by Janice Henry, LPN. The plaintiff noted a prior hospitalization at Baptist South and stated that he was taking aspirin daily as well as Elavil for mental health. The plaintiff gave a history of asthma, hay fever, pneumonia and heart problems.

000087A

12. On July 23, 2005, Nurse Daniels notified the plaintiff that Dr. Sanders, a psychiatrist at UAB, had informed the medical staff about the plaintiff's depression. Dr. Sanders ordered Elavil 100 mg. at the hour of sleep for the plaintiff, and the plaintiff was scheduled to be evaluated by Dr. Sanders.

13. On July 24, 2005, the plaintiff was seen by Dr. Sanders, whose plan consisted of continuing the plaintiff's prescription for Elavil 100 mg. at the hour of sleep.

14. The plaintiff was released from the Montgomery County Jail on July 28, 2005.

15. The plaintiff was again booked into the Montgomery County Jail on October 20, 2006. On October 21, 2006, Carolyn Dees, LPN completed a history and physical form on the plaintiff. The plaintiff was noted to have a past hospitalization for a lung abscess and his current medications included Lortab, Lorcet, HCTZ and Elavil.

16. On October 26, 2006, the plaintiff completed an inmate sick call slip, complaining of cancer, depression and degenerative arthritis. He said that he needed his lung medications and that he had been taking Oxycontin, Lorcet, Lortab, HCTZ and Elavil. He claimed to have been sick for over two years. The plaintiff was seen by Cynthia Davis, LPN on the same day, who noted that the plaintiff was complaining of having asbestos on his lung. The plaintiff stated that he was taking two aspirins daily and complained of numbness in his right arm and leg. He also complained of being unable to stand a long period of time and of shallow breathing. The patient was referred to Dr. Nichols for these multiple problems.

17. On October 27, 2006, Dr. Nichols saw the plaintiff. Dr. Nichols noted that the plaintiff stated he had a myocardial infarction three years ago and was treated at Baptist South Hospital. The plaintiff also gave a history of lung abscess. The plaintiff stated that he had gone to PRI-MED and was told he had cancer secondary to asbestos. The plaintiff also stated that he

00000001

underwent a bronchoscope and was told he had cancer. The plaintiff complained of trouble with numbness in his arms and hands and also tenderness on the insides of both knees. He also complained of chest pain off and on. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with depression and a history of parapneumonic effusion. Dr. Nichols ordered that the plaintiff receive Elavil 50 mg. twice a day and aspirin twice a day.

18. On November 14, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pains and needed an examination done by a qualified, disinterested third party. On November 16, 2006, the plaintiff was seen by Cynthia Davis, LPN, who referred him to Dr. Nichols.

19. On November 17, 2006, Dr. Nichols saw the plaintiff, who complained that he was getting pain in the substernal area with radiation through to his back. The plaintiff complained of problems sleeping when he did not eat sugar and complained of pain to the left of his sternum. He also complained again of numbness in both arms and pain in his right shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with chest wall pain and back pain. Dr. Nichols increased the plaintiff's evening dosage of Elavil to 100 mg. and ordered ibuprofen 800 mg. twice a day for two weeks for the plaintiff's pain.

20. On December 7, 2006, the plaintiff completed an inmate sick call slip, complaining that his chest was hurting again and that he could not sleep at night. The plaintiff stated that he was sick now and that his throat and lungs felt raw. The plaintiff was seen by Carolyn Dees, LPN, who referred the plaintiff to Dr. Nichols for follow-up.



21. On December 8, 2006, the plaintiff completed an inmate sick call slip, complaining that his lungs felt like they were burning, that he had soreness and congestion and that he had been sick. The plaintiff was seen by me, and I noted that the plaintiff's lungs were clear, that his heart rate was regular, that there was no cough, that his skin was warm and dry and that there was no sinus congestion.

22. On December 12, 2006, Dr. Nichols saw the plaintiff, who complained that he still had a sharp pain on the left edge of his sternum off and on, which was non-radiating. The plaintiff also complained of a cough. On physical examination, the plaintiff's blood pressure was 180/100, his lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with bronchitis and hypertension. Dr. Nichols ordered that the plaintiff receive Doxycycline 100 mg. twice a day for ten days for his bronchitis and Atenolol 50 mg. daily for the hypertension.

23. On December 16, 2006, the plaintiff completed an inmate sick call slip, complaining that he was still having chest pain and that on the evening of December 15, 2006 he had received no high blood pressure medication. The plaintiff was scheduled to be seen by medical staff on December 20, 2006 in response to these complaints, but the plaintiff refused to be treated, signing a sick call refusal form.

24. On January 1, 2007, the plaintiff completed an inmate sick call slip, requesting to see Dr. Nichols. On January 3, 2007, the plaintiff was seen by Cynthia Davis, LPN, who noted that the plaintiff was complaining of a burning sensation in his chest and chest pain along with chronic pain to his knee. The plaintiff requested an extension of medication and also requested to see Dr. Nichols. The plaintiff was observed to have dry, flaky skin to his feet and scalp and inner buttock, and he wanted his Elavil increased.

0000900

25. On January 4, 2007, Dr. Nichols saw the plaintiff. The plaintiff stated that he was feeling generally better and that his blood pressure was better. The plaintiff still complained of some pain in his left chest and some pain in his interior left shoulder. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with hypertension and chest wall pain. Dr. Nichols ordered that the plaintiff's Atenolol be increased to twice a day and that the plaintiff receive ibuprofen 800 mg. twice a day for two weeks for his pain.

26. On January 14, 2007, the plaintiff completed an inmate sick call slip, complaining that he needed more skin ointment and that his blood pressure still was not quite right. On January 17, 2007, the plaintiff was seen by Tamara Lawson, LPN, who referred the plaintiff to see Dr. Nichols.

27. On January 19, 2007, Dr. Nichols saw the plaintiff, noting the plaintiff was given some cream last week for dry skin that worked pretty well. The plaintiff stated that he still had some chest pain and burning in his lungs, which worsened when his blood pressure is up. He also complained of numbness in his left arm. The plaintiff said he used to smoke, quit for thirteen years but had started back with one-half of a pack per day. On physical examination, the plaintiff's blood pressure was 176/108, he had no jugular venous distention (JVD), his lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with hypertension and chest wall pain and ordered that the plaintiff receive Vasotec 20 mg. twice a day and HCTZ 25 mg. daily for his high blood pressure.

28. On February 5, 2007, the plaintiff completed an inmate sick call slip, complaining of an infected prostate, chest pain and that his lungs were hurting. On February 6, 2007, he was placed on the MD list to see Dr. Nichols.

0000910

29. On February 9, 2007, Dr. Nichols saw the plaintiff, who said his blood pressure had been ok but that he had a "stabbing" chest pain to the left of his sternum that was non-radiating. He also complained of pain in his left upper arm when he lays on his left side and degenerative arthritis in his lower back and neck. On physical examination, the plaintiff's lungs were clear, his heart was normal and he had a non-tender chest wall. Dr. Nichols assessed him with hypertension, chest pain, history of lung abscess and degenerative disc disease with his back. Dr. Nichols' plan consisted of arranging a stress test (G X T), ordering a chest x-ray and prescribing Motrin for his pain. Dr. Nichols also increased the plaintiff's Elavil prescription to 100 mg twice a day.

30. On February 13, 2007, the plaintiff received a chest x-ray, which revealed changes consistent with COPD but was otherwise negative.

31. On February 15, 2007, Dr. Nichols saw the plaintiff, who complained of some dysuria for a couple of weeks off and on and some rectal discomfort. He had no fever and stated that his mental health was not worse since the increase in Elavil. Dr. Nichols assessed the plaintiff with prostatitis and ordered that he receive Doxycycline 100 mg twice a day for two weeks to treat same.

32. On March 1, 2007, the plaintiff underwent a nuclear medicine stress test for his heart, which revealed normal cardiac function.

33. On March 6, 2007, Dr. Nichols saw the plaintiff, who stated that he still had some pain in his left chest. He complained of some light headed spells following the stress test. The plaintiff also complained of low back pain and that his heels were really dry. He also stated that his prostate was still bothering him. On physical examination, the plaintiff's lungs were clear and his heart was normal. Dr. Nichols assessed the plaintiff with costochondritis and back pain. Dr. Nichols told the plaintiff that, based on the chest x-ray and the stress test, that the plaintiff's heart

and chest were normal. Dr. Nichols ordered Cipro 500 mg. twice a day for ten days for his prostate complaints and Cardura 4 mgs. at night for prostate enlargement.

34. SHP's contract with the Montgomery County Commission does not include providing meals to inmates. Neither SHP nor Dr. Nichols has any role in the menu selected and provided for inmates.

35. In my opinion, the plaintiff was provided appropriate nursing care in response to his sick call slips and the medical staff responded to all of his complaints in a timely and appropriate manner.

36. All necessary care provided to the plaintiff by the SHP medical staff was appropriate, timely and within the standard of care.

37. On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff ever indifferent to any complaint that he made.

Gail Colburn  
Gail Colburn, LPN

STATE OF ALABAMA )  
COUNTY OF Autauga )

I, the undersigned Notary Public in and for said county in said state, hereby certify that Gail Colburn, LPN, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 13 day of March, 2007.

Robert M. Jolly  
Notary Public  
My Commission Expires: 12-3-2007

24

## ADMISSION QUESTIONS-MEDICAL

## OFFICER/INMATE INTAKE QUESTIONNAIRE

Abrahamson Harold Martin  
 Last Name First Name Middle  
 M 524-04-1894  
 Sex Social Security No.

7-1-05  
 Intake Date

12:25  
 Time AM/PM

DOB

Allergies

Currently Under Physician Care for:

HAS A PHYSICIAN TOLD YOU THAT YOU HAVE, OR HAVE BEEN TREATED FOR:

Alcoholism	Yes	<input checked="" type="radio"/> No
Asthma	Yes	<input checked="" type="radio"/> No
High Blood Pressure	<input checked="" type="radio"/> Yes	No
Diabetes	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
Drug Addiction	Yes	<input checked="" type="radio"/> No
Cancer	Yes	<input checked="" type="radio"/> No
Heart Problems	<input checked="" type="radio"/> Yes	No
Hepatitis	Yes	<input checked="" type="radio"/> No
Ulcers	Yes	<input checked="" type="radio"/> No
Kidney Problems	Yes	<input checked="" type="radio"/> No
Intestinal Problems	<input checked="" type="radio"/> Yes	No
Mental Health	Yes	<input checked="" type="radio"/> No

Seizures	Yes	<input checked="" type="radio"/> No
Sickle Cell Anemia	Yes	<input checked="" type="radio"/> No
Suicide Attempts	Yes	<input checked="" type="radio"/> No
Venereal Disease(s)	Yes	<input checked="" type="radio"/> No
Tuberculosis	Yes	<input checked="" type="radio"/> No
Eye Problem	Yes	<input checked="" type="radio"/> No
Other:		
Female:	Yes	No
Reproductive Problems		

Do you wear glasses or contacts? Yes

No Weight Loss (greater than 20 pounds in last 3 months) Constant Cough

Have you been in the hospital in the past 6 months?

☒ Yes No Why? clapped lungs  
Elu, L - Isartan, Het

Are you on any current medications? ☒ Yes No If yes, what?  
 Female: When was your last menstrual period?

## OFFICER OBSERVATION /VISUAL EXAM:

The inmate showing signs of trauma or injuries: Yes No

How does the inmate state the injury occurred?

The name a suicide risk: Yes ☒ No

Inmate appear to be under the influence of drugs or alcohol:

Are there signs of drug or alcohol withdrawal: Yes ☒ No

If yes, where: Says has spider bite on  
Left Leg

Officers's Name/Signature [Signature]Date 7-1-05 Time

## INMATE VERIFICATION AND CONSENT:

We answered all questions truthfully. I have been told and shown how to obtain medical services while incarcerated. I hereby give my consent and authorize health services to be provided to me by and through Southern Health Partners, Inc., the on-site medical provider. I further authorize the release of any and all medical records and/or treatment information be released to the designated healthcare provider within this facility, as well as transfer of this information to the next jurisdiction if any.

Inmate's Signature [Signature]Date: 7-1-05

000095H

# MEDICAL STAFF RECEIVING SCREENING FORM

Southern Health Partners, Inc.

LAST NAME Abrahamsen		FIRST NAME Harold		MIDDLE M	INTAKE DATE 7.1.05	SCREENING DATE 7.2.05	TIME/AMPM 10:00am
PREVIOUS INCARCERATIONS: NO				SEX M	SOCIAL SECURITY NO. 524-04-1094		DOB 6-8-59
CURRENT INSURANCE COVERAGES? NO				CURRENTLY UNDER PHYSICIAN'S CARE FOR CHRONIC CONDITION? Dr. Vontaeffer			

VISUAL / MEDICAL OBSERVATION: (Explain all "Yes" Answers) Circle Y or N:

VISUAL / MEDICAL OBSERVATION: (Explain all "Yes" Answers) Circle Y or N:		YES	NO
Is inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for immediate emergency medical referral?		Y	N
If yes:			
Are there any visible signs of fever, jaundice, skin lesions, rash, or infection: cuts, bruises, or minor injuries; needle marks, body vermin?		Y	N
If yes:			
Does the inmate exhibit any signs that suggest the risk of suicide, assault, or abnormal behavior?		Y	N
If yes:			
Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol?		Y	N
If yes:			
Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc.		Y	N
If yes:			

**ASK THE INMATE THESE QUESTIONS:** (Explain all "Yes" answers)

PHYSICIAN-ASSISTANT PHYSICIAN-ASSISTANT (Explain all "yes" answers)		
Have you had or been treated for: (circle as appropriate) asthma, diabetes, epilepsy, heart condition, high blood pressure, mental health problems, seizures, ulcers) or other conditions? Other: <u>intestinal problem lung abscess</u>	<u>Y</u>	<u>N</u>
Have you taken or are you taking any medication(s) prescribed for you by a physician? If yes: <u>ACEZ, Ebul 25mg, Loraz</u>	<u>Y</u>	<u>N</u>
Are you allergic to any medications, foods, plants, etc.? <u>NKA</u> If yes:	<u>Y</u>	<u>N</u>
Have you fainted or had a head injury within the last 72 hours? If yes:	<u>Y</u>	<u>N</u>
Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? If yes:	<u>Y</u>	<u>N</u>
Have you been hospitalized by a physician or psychiatrist within the last year? If yes: <u>Bipolar Hosp. 2004</u>	<u>Y</u>	<u>N</u>
Have you ever considered or attempted suicide? If yes:	<u>Y</u>	<u>N</u>
Do you have a painful dental condition? If yes:	<u>Y</u>	<u>N</u>
Are you on a specific diet prescribed by a physician? If yes: <u>High Protein</u>	<u>Y</u>	<u>N</u>
Do you use drugs? How often? What kind?	Last time? How much? <u>Y</u>	<u>N</u>
Do you use alcohol? How often? What kind?	Last time? How much? <u>Y</u>	<u>N</u>
Females: LMP Date: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes:	<u>Y</u>	<u>N</u>

NOTE VITAL SIGNS:

Respiration:	Pulse: 57	Temperature: 98.6	Blood Pressure: 130/70
--------------	-----------	-------------------	------------------------

HAVE ALL CONCERNS FROM OFFICER INTAKE FORM BEEN ADDRESSED WITH INMATE?

ARE ALL STATED CHRONIC CONDITIONS NOTED:

PPD IMPLANTED? Y OR N ARM LOCATION: R OR L IS H&P SCHEDULED FOR 14 DAYS: Y OR N

REMARKS: I'm states he was on pain meds, w/ BP meds  
along w/ equal 25mg meds. were started w/ spider bite

I have answered all questions truthfully. I have been told and shown how to obtain medical services and advised on how to obtain medication upon release. I hereby give my consent for professional services to be provided to me by and through Southern Health Partners, Inc.

Inmate's Signature: [Signature]  
Interviewer's Signature and Title: [Signature]

Date: 7.4.05  
Date: 7.4.05

19600000





## MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (ID/NID), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name: (Last/First/Middle) Abernathy Harold

ID# \_\_\_\_\_ DOB 6/8/59 Sex M Intake Date \_\_\_\_\_

Date Problem Identified	Chronic Problem	Assessment by Medical (Note nurses initials)	Vital Signs				Date Resolved	MD Initials
			T	P	B/P	R		
7/19	MHI	see nurse note						

PPD Test Date: \_\_\_\_\_

H & P Completed: \_\_\_\_\_

000097A



Intake Date: 7.1.05 Exam Date: 7.20.05 S.S.#: 524041094  
Inmate Name: Abrahamsen Harold M Date Booked: 7.1.05  
Alias: (Last) (First) (Middle) County: 3 dlo  
Address: 4105 Cossadiff Rd (Street) (City) (State) (Zip)  
Telephone: (Area) (City) Birthdate: 6.8.59 Religion: Christian  
Education Completed: 12th Special Education: (Type)  
Marital Status: (S) (M) (W) (D) (Separated) Read/Write English: (YES) (NO) Other: (Type)  
Previous Incarcerations: (Facility/Date) Yes

### MEDICAL HISTORY

Notify in Emergency: Quia Blackwell Friend  
Address: 158 Behm Dr (Street) (City) (State) (Zip) Phone: 303-1496  
Health Insurance: CO (Type of Insurance) (Policy Number)  
Family Physician: (Name) (Street Address) (City) (State) (Zip) (Phone Number)  
Past Hospitalizations (Include surgeries): Yes  
Baptist South (Location) (Street Address) (City) (State) (Zip) (Phone Number)  
Head Injury with Loss of Consciousness: LO (City) (State) (Zip) Last Tetanus: OK Immunization: Yes  
Allergies: LO  
Current Medication(s): AA daily

### MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why: (Type) When: (Date)  
Where: (Location) (Street Address) (City) (State) (Zip)  
Psychotropic Meds (Specify type and last dose): 25mg 4 times daily Elival (Date)  
Prior Counseling/Out-Patient Treatment for: LO  
Where: (Location) (Street Address) (City) (State) (Zip) When: (Date)  
Have you ever attempted suicide: LO How: (Type) When: (Date)  
Have you recently considered committing suicide? LO When: (Date)  
Have you ever been arrested for a violent crime/sexual offense? (Specify) LO  
Street drugs: LO (Type) (Quantity) (How Often) (How Long) Smoker: LO Etoh: LO (Type) (Quantity) (How Often) (How Long)  
Inmate's Signature: (Signature) Date: 7.20.05  
Interviewer's Signature: (Signature) Date: 7.20.05  
Witness: (If physical is refused): (Signature) Date: (Date)

## PROGRESS NOTES

7/1/05 Inmate's Name: Abrahamsen, Udd D.O.B. 6-8-59 S.S. #: 5524411004  
 I'm in medical site 6 & 4 thigh was cultured  
 site was cleansed w/ dsq applied. release of medical  
 information was faxed to Baptist South Hosp. at Dr  
 @ UAB on arrival lane W. Miqu. ————

7/5/05 Has had a sore on leg by 1 1/2 wks.

PMH: lung abuse  
 OA knees & hands

Laceration @ hand  
 1 1/2 MI - last year.

PE: BP 149/81.  
 2-3 cm diameter ulceration  
 lateral @ Thigh.

A: leg ulcer.  
 No ATN

Plan → clean once daily & provide  
 & dress

7/13/05 Still has trouble with his leg.  
 Left Thigh feels funny.  
 Feet & hands tend to get cold  
 a lot. Has some @ sided chest pain  
 off & on.

PE: ulcer lateral @ Thigh healing  
 Good pulses both feet.

A: ulcer leg

Plan → PT A&A daily.

## PROGRESS NOTES

Date/Time	Inmate's Name: <u>A. Benhamson, Harold</u> D.O.B.: <u>6/8/55</u> S.S. #: <u>524-04-1094</u>
7-19-05	Verbalized that he has been treated for mental illness in past - Review of record indicated I/M treated for depression & alcohol. An history of substance abuse - will have Evaluation by M.D.
7-23-05	Nurse informed that Dr. Sander <sup>was</sup> informed regarding his depression and he will start on Elavil 100 mg 3x daily - will be evaluated by M.D. next Friday. <i>of nurse</i>
7/24	Saw M.D. continue Elavil 100mg 3x daily - <i>Hydrex</i>

UAB SCHOOL OF MEDICINE  
MONTGOMERY INTERNAL MEDICINE CLINIC  
PROGRESS NOTE

HAROLD ABRAHAMSON

DOB: 06/08/1959

WILLIAM J. VON TAAFFE, M.D.

ATTENDING PHYSICIAN: WILLIAM L. MCGUFFIN, M.D.

07-08-04

**CHIEF COMPLAINT:** Chest wall pain and right upper extremity pain.

**HPI:** Mr. Abrahamson is a 45 year-old Caucasian male with a past medical history of pulmonary abscess treated in January of this year, who complains of continued chest wall pain, described as "breaking the chest". The patient states that this pain is unchanged from the previous few months. The patient reports some pain in his right upper extremity, which is described as burning and constant, which radiates down the posterior aspect of his right arm. The patient reports a history of several motor vehicle accidents including some trauma to his neck and lower back. The patient also gives a history of increasing stressors and depression in the past few months. The patient has had several of his family members leave town and some have recently passed away. The patient reports being on Elavil in the past for depression after having lost his job. The patient also complains of a new onset of migraine headaches. He had a history of migraines approximately 10 years ago. The patient states that these migraines are left sided and occasionally involve the left eye. He states that he sometimes has some associated tinnitus. The patient reports he continues to smoke cigarettes, but desires to quit.

**ALLERGIES:** Penicillin.**CURRENT MEDICATIONS:** None.

**ROS:** The patient reports some weight gain, he usually weighs 180. Reports good appetite. No fever or chills. The patient reports generalized fatigue, denies night sweats. **SKIN:** No rashes or skin discoloration. **HEAD:** The patient does report some left-sided migraine headache. No dizziness, numb, or seizure. **EYES:** Some diplopia with headache. No eye pain. **EARS:** Reports some tinnitus associated with migraine headaches. Denies any vertigo or hearing loss. **NOSE:** No nose bleeds or sinus disease. No discharge. **MOUTH AND THROAT:** Denies any hoarseness or throat pain. **RESP:** No cough, reports shortness of breath with minimal exertion. **C/V:** Reports some right-sided chest wall pain which is greatest at maximal inspiration. Denies orthopnea, paroxysmal nocturnal dyspnea. He has severe dyspnea on exertion; he is unable to climb even 1/2 flight of stairs without severe dyspnea. Denies claudication, edema, or history of valvular disease. **GI:** No dysphagia, abdominal pain, nausea, vomiting. No diarrhea, constipation, melena or hematochezia. **GU:** No dysuria, frequency, hesitancy, hematuria or discharge. **ENDO:** No polyuria, polydipsia, skin or hair changes or heat intolerance. **MUSCULOSKELETAL:** The patient complains of some right arm pain which radiates down the posterior aspect of the right arm as well as radiation to the cervical spine as well as some associated myalgias in the right upper extremity and neck. **SKIN/LYMPHATIC:** No easy bruising, no lymphadenopathy. **NEUROLOGICAL/PSYCHIATRIC:** The patient reports some generalized weakness. Denies any history of seizure or memory change. The patient reveals a history of depression and reports that the depression increases with increasing life stressors. The review of systems is otherwise negative.

**PHYSICAL EXAMINATION****GENERAL:** The patient is a well-nourished, Caucasian male with diminished appetite.**VITAL SIGNS:** T: 97.7; P: 80; R: 18; BP: 140/90; WT: 178.6.**HEENT:** PERRLA, EOML. Oropharynx is pink and moist without exudates. The patient has poor dentition.**NECK:** No JVD, mass, palpable thyromegaly or lymphadenopathy.**CV:** S1 and S2 audible. RRR. No murmurs, rubs, or gallops. The patient has some palpable chest wall tenderness on the right side.**LUNGS:** Good air entry. Clear to auscultation, bilaterally. No rhonchi, rales, or wheezing.**ABDOMEN:** Soft, nontender, nondistended. Positive bowel sounds. There is no palpable organomegaly or mass.**EXTREMITIES:** The patient has normal range of motion in all extremities. There is some joint laxity of the right shoulder. There is some pain of the right shoulder joint.**NEUROLOGICAL:** Alert and oriented x 3. Deep tendon reflexes and sensation are intact. Cranial nerves II - XII grossly intact. Muscle strength is 5/5 and equal bilaterally.**PERTINENT LABORATORY STUDIES:** Chest X-ray on April 5, 2004 revealed normal bony structures, no cardiomegaly. Some fibrotic changes of the right lower lobe without effusion in the costophrenic angles.**AP**

1. Chest pain. The patient has a history of lung abscess. There is some palpable chest wall tenderness. May be costochondritis. The patient complains of continued shortness of breath. He has a history of cigarette smoking and COPD which would explain the dyspnea on exertion. The patient will continue to take NSAIDs for the chest wall pain. Will prescribe a Combivent inhaler.
2. Right arm pain. The patient has a history of multiple neck injuries and MVA. This may represent a cervical radiculopathy. The patient will follow up in the Lister Hill Clinic for C-spine X-ray and the patient will receive Elavil which may help with neuropathic pain.
3. COPD. The patient received Combivent MDI. Will have PFT performed and will discontinue tobacco use.
4. Anemia. This is secondary to chronic disease. The patient will have an H&H checked.
5. Depression. The patient will receive a prescription for Elavil, which he received in the past for depression. We will consider changing to Wellbutrin to aid in cessation of smoking. The patient is ready to commit to stop smoking.
6. Hypertension. The patient's blood pressure has been elevated the last three office visits and therefore we will begin antihypertensive agents. Received a prescription for Benicar 20/12.5 mg 1 tablet P.O. q day.
7. Headaches. The patient has a history of migraine headaches. This may be secondary to increased stress as a trigger. The patient will take Tylenol and also received Elavil.
8. Preventative medicine: the patient will have a fasting lipid panel performed. He was educated on that and smoking cessation, diet and also received a Pneumovax.
9. The patient will follow up at Lister Hill Clinic where he will have his laboratory work performed.
10. The patient was seen in examination with my attending physician, William L. McGuffin, M.D., who agreed with my assessment/plan.

WJVT/aco

d: 07-08-04

t: 07-09-04

**ATTENDING'S STATEMENT:**

Refer to handwritten notes in the chart.

*William J. von Taafe, M.D.*  
William J. von Taafe, M.D.

*William L. McGuffin, M.D.*  
William L. McGuffin, M.D.

000101H

Date: 04-05-04

Montgomery AL 36116 (334) 284-5211

Patient Name:

Harold Abrahamson

Age:

44

Wt:

174.3

Pulse:

69

Resp:

17

Allergies:

MDKA

Temp:

97.1

B.P.:

132/92

Present Complaint:

Feeling pain in your right lung shortness of breath. Diarrhea since he got out of hospital. Continuing "brick hammer" in @ lung / middle and radiating to @ side. Exertional dyspnea. Reports being winded. Coughing is "exhausting" does not affect sleep but "bothersome" dull pain, constant 1-5/10 in intensity. Pt. does not take anything for pain. Ibuprofen relieves HA but not chest wall pain. Occasional @ sided CP.

Review of Systems:

C/P CP is above. Constant SOB.  
GI Diarrhea. Hx of Celiac disease TX.  
GU p  
Endo p  
Neuro p  
M/skeletal muscle edema, cramps, joint pain 2° MVA  
ENT

Current Medications:

1. NONE  
2. #  
3.  
4.  
5.  
6.  
7.

P HEENT:

PERMANENT, oral mucosa pink, moist 3 exudates

H Chest:

Symmetrical

Y Heart:

S<sub>1</sub>S<sub>2</sub> @ RLP, & murmur

S Lungs:

& Breath Sounds @ RLL, & crackles.

I Abdomen:

benign

C Extremities:

Multiple abrasion hands. & edema, chapping or cyanosis.

A Genitourinary:

p

L Rectal:

p

Neurologic:

Atax 3 us 5/5 equal B/L.

Pertinent Laboratory:

Assessment and Plan:

- ① Chest pain - pt. @ hx of lung disease / RLL emphysema. Finished complete course of Abx. Repeat CXR. @ sided CP. Hx of dyspnea LUT and "abnormal EKG." w/ EKG. VAD.
- ② Anemia - 2° #1. Follow CBC.
- ③ ↑ LFT. Pt. @
- ④ Tobacco use - Pt. continues to smoke "black and white" and "Newports." Encourage smoking cessation.
- ⑤ Diarrhea. & Fecal studies.
- ⑥ Preventative - & FLP
- ⑦ If CP recurs - Go to ED immediately.
- ⑧ Chronic bilateral knee and back pain. - & SAID. & Xrays? 4. Tobacco abuse. Consider
- ⑨ BP ? - Single ↑ value. Follow. If cont. ↑. Treat to goal <130/80. See MD drug abuse - & UDS
- ⑩ Social Services - Refer to Walter Hill.

Return visit:

3 months

Physician's Signature

William J. von Taafe, MD

Attending Physician's Signature

Barry P. ...

William J. von Taafe, MD

000102H



**UAB SCHOOL OF MEDICINE  
MONTGOMERY INTERNAL MEDICINE CLINIC  
PROGRESS NOTE**

**HAROLD ABRAHAMSON****DOB: JUNE 8, 1939****WILLIAM J. VON TAAFFE, M.D.****ATTENDING PHYSICIAN: JEWELL HALANYCH, M.D.****1-29-04****CHIEF COMPLAINT:** Follow up visit after discharge from the hospital for pulmonary abscess.**HPI:** Mr. Abrahamson is a 44 year-old Caucasian male recently discharged from BMC, at which time he was diagnosed with pulmonary abscess and states since that time he continues to have copious amounts of greenish sputum which has increased over the past couple of days. The patient states it is associated with a nagging cough, but reports that the night sweats have resolved. Currently, the patient reports having localized paresthesias over the right lung field. In general, the patient states he feels much better, he has much more energy and is less dyspneic on exertion. The patient is at the end of his current antibiotic regimen.**ALLERGIES:** The patient reports an allergy to Penicillin, but this is questionable as he states he has never received Penicillin, only his mother used to tell physicians he is allergic to this drug.**CURRENT MEDICATIONS:** Clindamycin 450 mg P.O. q 6 hours; Ultracet 37.5/325 mg tablets 1 tablet P.O. q 6 hourly PRN for pain.**ROS: GENERAL:** The patient reports better appetite. He states that he still has not regained the 10 pounds that he lost over the past 2 months. He reports occasional fatigue, but states that the night sweats have resolved. **SKIN:** The patient denies any rashes or skin discolorations. **HEENT:** He denies any dizziness, no history of seizure. Eyes without visual change or eye pain. Ears without tinnitus, vertigo or hearing loss. Nose without nose bleeds, discharge or sinus disease. Mouth and throat reveals that he has poor dentition and needs to see a dentist. He denies any hoarseness or throat pain. **RESP:** The patient reports improvement on the dyspnea on exertion, but states that he still has copious amounts of some greenish colored, foul-smelling sputum. **CV:** The patient denies any chest pain, orthopnea, paroxysmal nocturnal dyspnea, improvement on the dyspnea on exertion, denies any claudication, edema or valvular disease. **GI:** The patient denies any dysphagia, abdominal pain, nausea, vomiting, hematemesis, or hematochezia. **GU:** The patient denies any dysuria, frequency, hesitancy, hematuria, discharge. **ENDO:** No polyuria, polydipsia, skin or hair change, or heat intolerance. **MUSCULOSKELETAL:** There is no joint pain, swelling, arthritis or myalgias. **SKIN/LYMPHATIC:** No easy bruising, lymphadenopathy. **NEUROLOGICAL/PSYCHIATRIC:** No weakness, seizure, memory changes. The patient reports a history of depression. Review of systems is otherwise negative.**PHYSICAL EXAMINATION****GENERAL:** Mr. Abrahamson is a 44 year-old Caucasian male. He is thin, appears in no acute distress.**VITAL SIGNS:** T: 98.1; P: 76; R: 18; BP: 120/80; WT: 168.**HEENT:** PERRLA, EOML. Oral mucosa is pink and moist without exudates. The patient has halitosis and poor dentition and possible periodontal disease.**CHEST:** There is no reproducible pain on palpation of the chest.**CV:** S1 and S2 positive. RRR. No murmurs, rubs, or gallops.**LUNGS:** Clear with a few scattered rhonchi over the right lower lobe base.**ABDOMEN:** Soft, nontender, nondistended. Positive bowel sounds. No organomegaly.**EXTREMITIES:** No clubbing, cyanosis, or edema. Pulses are equal.**RECTAL:** Deferred.**NEUROLOGICAL:** The patient is alert and oriented x 3. Deep tendon reflexes are intact. Muscle strength is 5/5 and equal in all extremities. Cranial nerves II - XII grossly intact. Afocal.**A/P**

1. Lung abscess/right lower lung empyema. The patient continues to have a productive cough and is currently afebrile. We will continue antibiotic therapy with Clindamycin and add a third generation Cephalosporin for 10 days. When the patient returns in 2 weeks, we will repeat a chest X-ray to assess resolution of the abscess.
2. Anemia. Secondary to #1. The patient will have a repeat CBC on presentation. We will check a ferritin level to rule out anemia or chronic disease. This likely will be mildly elevated due to the inflammatory response associated with the abscess.
3. Hyperalbuminemia. This is secondary to #1. We will maximize the patient's nutritional status.
4. Elevated liver function test. The patient gives a history of elevation of liver function tests. We will recheck LFT on the next presentation. It is likely they are elevated due to the chronic lung abscess.
5. Tobacco abuse. The patient was counseled to quit smoking.
6. Preventative: the patient has an increased risk for CAD. Family history of MI, he uses tobacco; therefore we will check a fasting lipid panel on the next visit and begin a statin medication if necessary.
7. The patient will follow up in the clinic in one month.
8. The patient was seen and examined with Jewell Halanych, M.D. who concurs with my assessment/plan.

WJVT/aco

d: 1-29-04

t: 1-30-04

**ATTENDING'S STATEMENT:**

Refer to handwritten notes in the chart.

  
 William J. von Taffe, M.D.

  
 Jewell Halanych, M.D.

0001039

**UAB SCHOOL OF MEDICINE  
MONTGOMERY INTERNAL MEDICINE CLINIC  
PROGRESS NOTE**

**HAROLD ABRAMSON****RASHMI CHHABRA, M.D.****ATTENDING PHYSICIAN: JEWELL HALANYCH, M.D.****1-13-04**

**HPI:** Mr. Abramson is a 44 year-old white Caucasian male. He is a plumber by occupation. He was seen by Anita R. Smith, M.D. on admission to BMC, South in December. He was discharged from the emergency department with a diagnosis of pneumonia. At that time, he presented with complaints of pain in the right side of the chest. The patient comes in today with a complaint of fever with chills for the past three weeks. He has been taking Ibuprofen to keep the fever down. He has a history of old smelling phlegm, yellow in color, for the past one day. There is no history of hemoptysis. The patient also gives a history of chest pain in the right lower chest, which was radiating down to the back. It increases with coughing. There is no history of any shortness of breath, palpitations, GI or GU complaints. The patient does give a history of increased ALT on the blood work. The patient is a plumber. He was given a prescription for Levaquin on his discharge from the ER on December 19<sup>th</sup>, but he was unable to afford the prescription, so we will need a prescription for 5 days.

**CURRENT MEDICATIONS:** None.**PHYSICAL EXAMINATION****VITAL SIGNS:** WT: 154; P: 105; BP: 100/60; R: 24; T: 100.1. O2 saturation on room air is 96%.**HEENT:** Atraumatic, normocephalic. PERRLA, EOMI.**CV:** S1 and S2 positive. Pansystolic murmur is present. Tachycardia.**LUNGS:** There is decreased air entry on the right side of the chest. There are right interscapular bronchial breath sounds.**ABDOMEN:** Soft, nontender, nondistended. Positive bowel sounds.**EXTREMITIES:** No clubbing, cyanosis, or edema.**NEUROLOGICAL:** No acute focal neurological deficits.**A/P**

1. He has a lung infection. With inadequate treatment, I am fearing it might have resulted in a lung abscess because of the foul-smelling phlegm and fever and chills for the past 3 weeks. His O2 saturation on room air is 96%. He has a borderline blood pressure of 100/60 with unresolving fever. I think the patient needs admission. I have notified Luis F. Zegada, Sr., M.D. and also the ER physician for his arrival in the ER. The patient has been referred to the ER.
2. The patient has murmur. The patient gives a previous history of murmur, but I am not able to appreciate it very well because of the tachycardia. The patient has a heart rate of 105 BPM. The patient has no past medical history of infective endocarditis, but in view of the patient having a previous history of drug abuse (crack/cocaine), I am worried about infectious endocarditis. The patient has been sent to the ER and might need admission.
3. When the patient is discharged from the hospital this time, he can see Anita R. Smith, M.D..

RC/aco

d: 1-13-04

t: 1-14-04

**ATTENDING'S STATEMENT:**

Refer to handwritten notes in the chart.


  
Rashmi Chhabra, M.D.


  
Jewell Halanych, M.D.

000104H

**UAB SCHOOL OF MEDICINE  
MONTGOMERY INTERNAL MEDICINE CLINIC  
X-RAY REPORT**

**HAROLD ABRAHAMSEN**

**WILLIAM J. VON TAAFFE, M.D.**

**ATTENDING PHYSICIAN: JEWELL HALANYCH, M.D.**

**4-05-04**

**CHEST X-RAY (PA AND LATERAL):** Radiogram shows normal bony structures. No cardiomegaly. There appear to be some fibrotic changes in the right lower lobe. No effusion noted in the costophrenic angles.

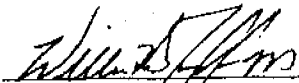
WJVT/aco

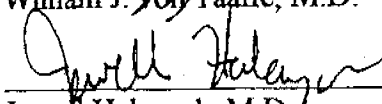
d: 05-14-04

t: 05-15-04

**ATTENDING'S STATEMENT:**

Refer to handwritten notes in the chart.

  
William J. von Taaffe, M.D.

  
Jewell Halanych, M.D.

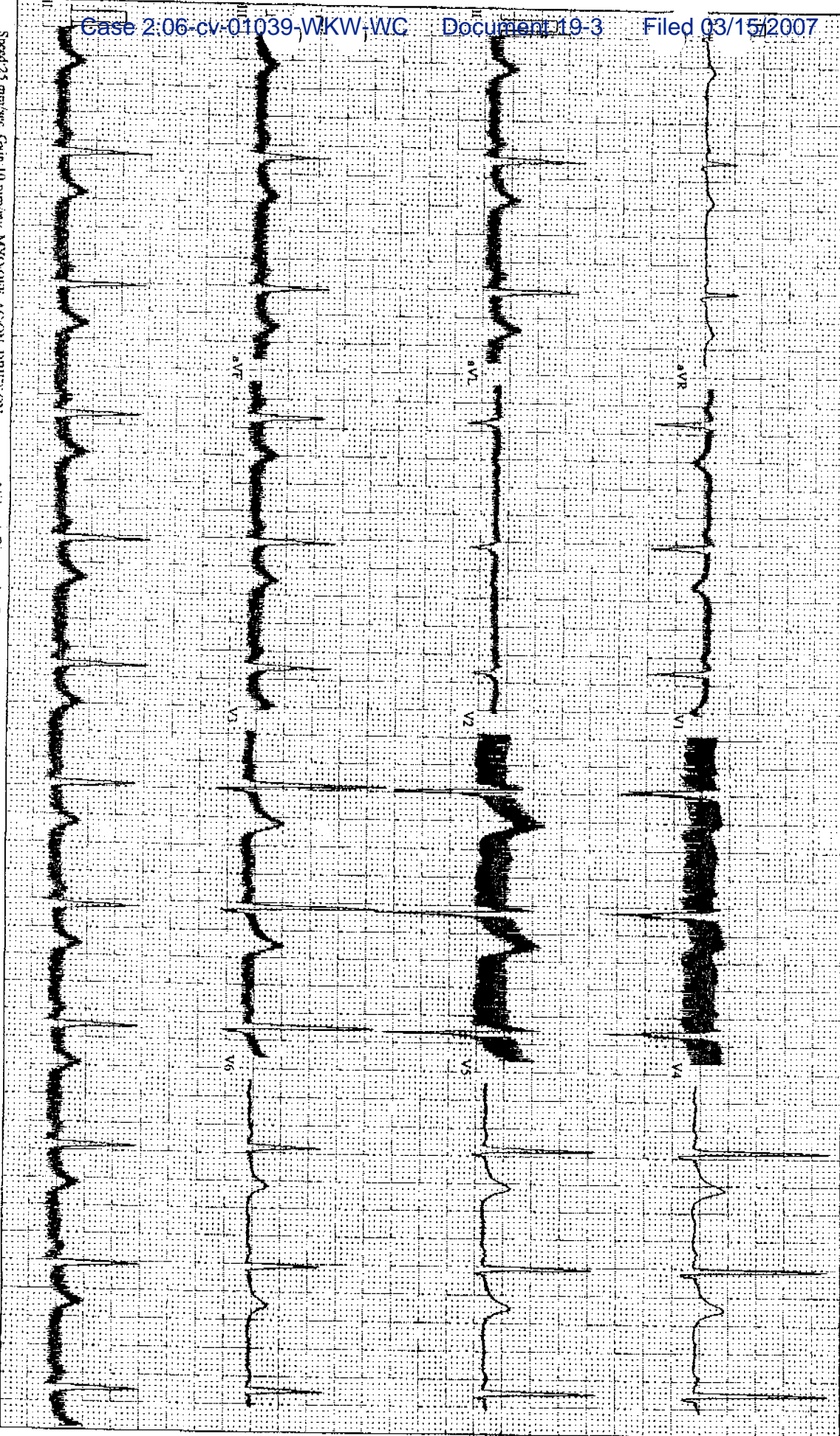


Name: Harold Abrahamson  
 ID: 524-04-1094  
 Sex: Male  
 RP:  
 Weight: lbs  
 Height: inches  
 Age: 44 Years  
 Comments: Unconfirmed Report

UAB Montgomery Internal Medicine  
 Req. Physician: VONTAARFE  
 Technician: TH JANA  
 History:  
 Medication:  
 Date of Report: 04/05/04  
 Reviewed By:  
 Review Date:

Rate: 68  
 PR: 124  
 QT/QTc: 410/424  
 QRS: 97  
 P Axis: 58  
 QRS Axis: 69  
 T Axis: 66  
 Interpretation:  
 Sinus Rhythm  
 P-QRS - 1:1, Normal P axis, H Rate 68  
 WITHIN NORMAL LIMITS

WNL  
 5/16/04





# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

To:

Baptist Hosp. South

**FAXED**

By:

Date:

7.5.05

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;  
 Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;  
 Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;  
 Any other medical/dental/psychiatric services I may have previously had, currently seeking, or  
 future treatment plans; Other Records:

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the on-going provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

to the following address:

County Name:

COUNTY JAIL

Street Address:

250 S. McDermott St.

City/State/Zip:

MAYAL 3004

Fax:

334-832-7768

Patient Name:

Abrahamsen Harold

Birth Date:

6.8.59

Social Security Number:

524.04.1094

Dates of Service(s):

5/16 05

Inmate's Signature:

Date:

7.4.05

Witness:

Date:

7.4.05

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

0001079



Corporate Office: 3712 Ringgold Rd., #364 Chattanooga, TN 37412  
 Corporate Phone: 423-553-5635 Corporate Fax 423-553-5645

## FAX TRANSMITTAL

Confidential Transmission by SHP

FAX TO:

Baptist Hosp. South  
 (Medical Records)

Fax #

286-3343

FROM:

L. Lee

Jail Medical Unit

From Site Name:

MCDF# 1010

City/State

Mtn, AL

From Site Phone #

832-2542

From Site Fax #

832-7748

DATE:

7.5.05

PAGES:

2

includes cover page

(if you have not received all of the pages, please contact me immediately)

☐ For Your Information☒ Needs Immediate Response/Action☐ Please call me

Message(s):

Re: Abrahamsen Harold SS# 524-04-1094

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

**FAXED**

Date: 7.5.05



# AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

To: Dr. Vonta  
LAB South Narrawlane

#284-5211

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;  
Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;  
Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;  
Any other medical/dental/psychiatric services I may have previously had, currently seeking, or  
future treatment plans; Other Records: \_\_\_\_\_

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the on-going provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents  
to the following address:

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: \_\_\_\_\_

COUNTY JAIL

Street Address: \_\_\_\_\_

250 S. McDougal St.

City/State/Zip: \_\_\_\_\_

Morgantown 26504

Fax: \_\_\_\_\_

832-77608

Patient Name: \_\_\_\_\_

Abrahamsen Hardd

Birth Date: \_\_\_\_\_

6-8-59

Social Security Number: \_\_\_\_\_

524-04-1094

Dates of Service(s): \_\_\_\_\_

June / July 05

Inmate's Signature: \_\_\_\_\_

[Signature]

Date: \_\_\_\_\_

7.4.05

Witness: \_\_\_\_\_

[Signature]

Date: \_\_\_\_\_

7.4.05

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about these individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about these individuals if the correctional institution represents that the protected health information is necessary for these purposes.

000109A





Corporate Office: 3712 Ringgold Rd., #364 Chattanooga, TN 37412  
 Corporate Phone: 423-553-5635 Corporate Fax 423-553-5645

## FAX TRANSMITTAL

Confidential Transmission by SHP

FAX TO: Dr. WM Vonta Fax # 284-5214

FROM: L. Lee Jail Medical Unit

From Site Name: Mmtg. Co. Det. Facility City/State Mmtg, AL

From Site Phone # 832-2542 From Site Fax # 832-7768

DATE: 7-5-05 PAGES: 2, includes cover page  
 (if you have not received all of the pages, please contact me immediately)

☐ For Your Information ☒ Needs Immediate Response/Action ☐ Please call me

Message(s): Re: Abrahamson, Harold SS# 524-04-1094

000110H

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

30375



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY**

To: Dr. Vonta  
LAB South Narrawane

# 284-5211

I hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Partners, Inc. who is the medical care provider of this Correctional Facility. Such information may include the following items:

Summary of positive findings, most recent history, physical exam including any diagnostic tests;  
 Medical/dental/psychiatric/psychological diagnosis and treatment regimen when last treated;  
 Hospital discharge summary for any/all hospitalization(s); Laboratory and/or Special Study Reports;  
 Any other medical/dental/psychiatric services I may have previously had, currently seeking, or  
 future treatment plans; Other Records: \_\_\_\_\_

I understand my records are protected under state and/or federal privacy laws and cannot be disclosed to any other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and be used in the ongoing provision of health care services.

I release responsibility and/or liability from the correctional facility for the release of the above requested medical file information to the medical unit to the extent indicated and authorized.

Please send requested documents to the following address:

ATTN: MEDICAL UNIT/SOUTHERN HEALTH PARTNERS

County Name: \_\_\_\_\_

COUNTY JAIL

Street Address: \_\_\_\_\_

250 S. McDermott St.

City/State/Zip: \_\_\_\_\_

Midvale 30104

Fax: \_\_\_\_\_

832-77008

Patient Name: Abrahamsen Hord

Birth Date: 6-8-59

Social Security Number: 524-04-1094

Dates of Service(s): June / July 05

Inmate's Signature: [Signature]

Date: 7-4-05

Witness: [Signature]

Date: 7-4-05

Final Privacy Rule (page 82540, HIPAA) states while individuals are in a correctional facility or in the lawful custody of a law enforcement official, covered entities (i.e. jail medical units) can use, request or disclose protected health information about those individuals without authorization to the correctional facility having custody as necessary for: the provision of health care to such individuals; for the health and safety of such individuals and other inmates; and the health and safety of the officers of employees of or other as the correctional institution. Covered entities are allowed to disclose protected health information about those individuals if the correctional institution represents that the protected health information is necessary for these purposes.

000111H

8107946

2389  
ABRAHAMSEN, HAROLD ""  
B0401300695  
B000377167

ADMISSION DIAGNOSIS: COMMUNITY ACQUIRED PNEUMONIA

DISCHARGE DIAGNOSIS:

1. PERIPNEUMONIC EFFUSION WITH EMPYEMA
2. ANEMIA SECONDARY TO #1
3. HYPOALBUMINEMIA SECONDARY TO #1
4. POLYSUBSTANCE ABUSE
5. INCREASED LIVER FUNCTION TEST

CONSULTATIONS: Dr. Cammack, Cardiothoracic Surgery on 1/15/04.

PROCEDURES:

1. 1/15/04 - the patient had CT-guided aspiration of parapneumonic effusion, right lower lobe. At the time, over 200 cc of pus was aspirated.
2. 1/15/04 - ultrasound of the liver showed focal calcifications and tiny hemangioma without significant finding which would require additional work up.
3. CT of the chest with contrast, 1/14/04, showed 8 cm heterogenous mass with an air fluid level in the right posterior lower hemothorax, likely empyema, punctate fossae of high density in the liver, and follow up with ultrasound or CT of the abdomen was recommended.

BRIEF HISTORY/PERTINENT PHYSICAL EXAMINATION/LABORATORY DATA: Mr. Abrahamsen is a 44 year old Caucasian male without significant past medical history, who presented to the Emergency Department with the complaint of fever and shortness of breath which had been going on for "the last 4 weeks". The patient was seen previously in the Emergency Room 1 month earlier with similar complaints of fever, cough and shortness of breath, at which time, he received antibiotics. The patient stated that he did not complete the course of antibiotics. The patient left the Emergency Department at that time against medical advice. The patient stated that since the time, he had been donating plasma at the Plasma Center in Montgomery. He stated that on 1/9/04, he received a letter from the Plasma Center stating that he had some elevated liver function tests and, therefore, he needed to follow up with his primary care physician. The patient's major complaints were of fevers, drenching night sweats and productive cough with foul sputum over the past 4 weeks. The patient stated he had been taking ibuprofen for these symptoms without relief. The patient also described associated pleuritic chest pain, and stated that he had not been tested previously for tuberculosis with PPD. Social history significant for a history of heavy tobacco use, occasional alcohol use. He stated he drank "a glass of wine with dinner", history of cocaine; specifically, smoking crack cocaine. Last reported use August of last year. History of inhaled cocaine. Family history significant for mother with myocardial infarction, cerebrovascular accident and hypertension. Father with hypertension and degenerative joint disease. On review of systems, the patient complained of a 10 lb weight loss over the past 4-5 weeks, fever, chills, and drenching night sweats, productive cough, foul-smelling sputum; otherwise, was negative.

(CONTINUED)

PRINTED BY: b17606

DATE 1/28/2004

000112H

On physical examination, the patient's temperature was 101.3(, pulse 24, respiratory rate 24, blood pressure 111/61 on presentation with some increase in bronchovesicular sound in the right middle to lower lung fields with few crackles in the right lower lung base. The patient's heart sounds were normal. The rest of the physical examination was benign.

On laboratory data, total protein 6.3, albumin 2.1, sodium 134, potassium 4.1, white blood cell count 18.6, hemoglobin 10.8, hematocrit 31.4, platelets 421, MCV 89. Chest x-ray showed a right lower lobe infiltrate and possible mass. The patient was admitted with a diagnosis of community acquired pneumonia, possible abscess formation. The patient was started on empiric antibiotic therapy with Levaquin. CT of the chest was obtained which found an 8 cm mass with air fluid level. Cardiothoracic Surgery was consulted. The abscessed area was drained, and aspirate sent for gram stain, culture and cytology. Initially, felt that the aspirate contained *Pseudomonas*. Therefore, the patient received broader spectrum antibiotic coverage with *Ameripenim*. Later, anaerobic cultures revealed possible gram positive rods for formers, felt to be *Clostridium perfringens*; therefore, the patient was begun on anaerobic coverage with *Clindamycin*, to which the patient responded well clinically. The patient's hospital course was complicated by hyponatremia, which corrected with IV fluids, hypoalbuminemia, which was felt secondary to the chronic systemic inflammatory response. The patient also had mild to moderate anemia, which was also felt secondary to the chronic inflammatory response. The patient was treated symptomatically for constipation and heartburn.

Follow up with Cardiothoracic Surgery was felt that, due to the location and size of the lesion, that decortication would not be beneficial for the patient; therefore, the patient's therapy would be medical. Therefore, he was discharged home with the following diagnoses:

1. PERIPNEUMONIC EFFUSION, EMPYEMA
2. ANEMIA
3. HYPOALBUMINEMIA
4. POLYSUBSTANCE ABUSE
5. ELEVATED LIVER FUNCTION TEST

CONDITION: Stable.

ACTIVITY: As tolerated.

DIET: Regular.

#### DISCHARGE MEDICATIONS:

1. Clindamycin 450 mg p.o. q. 6 hours x 10 days
2. Colace 100 mg p.o. q.d. p.r.n.
3. Ultracet 325/37.5 mg 2 tablets p.o. q. 4-6 hours p.r.n. pain

The patient was instructed to follow up with his primary care physician at UAB Internal Medicine Clinic in 1 week for repeat CBC and liver function test. The patient may need prolonged course of antibiotics, depending upon his clinical presentation at that time. The patient needs repeat chest x-ray in 2 months. The patient was educated to refrain from tobacco, alcohol and illicit drug use.

(CONTINUED)



I have seen, evaluated, and provided care for this patient; I agree with the observations noted in this summary.

RANDY PANTHER, M.D.

WJV/ / kb

D: 01/20/2004

T: 01/21/2004

D: 01/20/2004

T: 01/21/2004

kb



Corporate Office: 3712 Ringgold Rd., #364 Chattanooga, TN 37412  
Corporate Phone: 423-553-5635 Corporate Fax 423-553-5645

## FAX TRANSMITTAL

Confidential Transmission by SHP

FAX TO: Dr. WM Vonta Fax # 204-521-6

FROM: L. Lee Jail Medical Unit

From Site Name: Montg. Co. Det. Facility City/State Montg, AL

From Site Phone # 832-2542 From Site Fax # 832-7768

DATE: 7-5-05 PAGES: 2, includes cover page  
(If you have not received all of the pages, please contact me immediately)

☐ For Your Information ☒ Needs Immediate Response/Action ☐ Please call me

Message(s): Re: Abrahamson, Harold SS# 524-04-1094  
Attn: Medical Unit/Southern Health partners  
250 S. McDonough St.  
Montgomery, AL 36104

PT Abrahamson, Harold  
DOB: 6/08/59

Donat  
7/6/05  
ND

The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.



0517500608 ABRAHAMSEN, HAROLD



PC 29 INT CSM

PATIENT ID# 0517500608		DATE 08/24/05		TIME 1527P		AGE 46Y		SEX M		RACE S		ETH E/S		REL ER		STAT E/P		7/7/07	
NAME & ADDRESS ABRAHAMSEN, HAROLD 4100 COOSADA FERRY RD MONTGOMERY AL 36110				SSN 524-04-1094 PHN (334)264-9639 COUNTY MONTGOMERY		EMPLOYER				EMP PTH OCC NOT EMPLOYED EMP STAT EMP ID.									
NAME & ADDRESS ABRAHAMSEN, HAROLD 4100 COOSADA FERRY RD MONTGOMERY AL 36110				DOB 06/06/59 46Y AGE 524-04-1094 SSN (334)264-9639 PHN SELF REL		EMPLOYER				EMP PTH OCC NOT EMPLOYED EMP STAT EMP ID.									
NAME & ADDRESS ABRAHAMSEN, HAROLD 12242 S WESTERN AVE BLUE ISLAND IL 60406				DOB AGE SSN PHN (708)389-8809 REL FATHER		EMPLOYER				EMP PTH OCC NOT EMPLOYED EMP STAT EMP ID.									
NAME & ADDRESS				HM PHN VK															
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		GROUP NUMBER		CONTACT		CITY/STATE/ZIP		REL TO INSURED					
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		GROUP NUMBER		CONTACT		CITY/STATE/ZIP		REL TO INSURED					
INSURANCE CARRIER		SUBSCRIBER ID#		GROUP NAME		INSURED NAME		GROUP NUMBER		CONTACT		CITY/STATE/ZIP		REL TO INSURED					
DIAG CODE		DIAGNOSIS		ALLERGIES		P		PT. CL.											
ACCIDENT TYPE		NATURE OF ACCIDENT		ACCIDENT DATE		TIME													
ARRIVAL MODE		REFERRING FACILITY		CHURCH/DENOMINATION															
ADMITTING PHYSICIAN		919 RIOS, JULIO E		PRIMARY CARE PHYSICIAN		NO PCP													
ATTENDING PHYSICIAN		919 RIOS, JULIO E		REFERRING PHYSICIAN															
LOCATION				E/R PHYSICIAN															
ADMISSION TYPE		EMERGENCY																	



F5 100

PRINTED BY: b17606

DATE 7/5/2005

Last Printed: 08/24/2005 16:27:49

08/24/05

AR2

000116H

B0517606308  
DOB: 08/08/59 Age: 46.167  
Admit Date/Time: 06/24/06 1827P  
B10 RIOS JULIO E



## ER RECORD - Adult / Adolescent

Regular M.D.: NONE Notified: \_\_\_\_\_  
Immunization Hx: Tetanus ☐ UTD ☐ not UTD ☐ Latex Allergy  
Allergies: NXDA

LMP: N/A Pregnant? ☐ Yes ☐ No ☐ Unsure

Home Meds: Cox + other meds BIP med  
Glaucoma

PMH: Hypertension

## AGE SPECIFIC CARE

13-18 yrs (Adolescent) N/A  
(Menarche started? ☐ Yes ☐ No Age at onset? \_\_\_\_\_ Regular ☐ Yes ☐ No)  
>85 yrs (Older Adult)  
Assisting Devices: ☐ None ☐ Yes (list): \_\_\_\_\_  
Living arrangements: ☐ Lives alone ☐ Family/Significant Others  
☐ Extended Care Facility

## PLAN OF CARE

Problems	Intervention
<input checked="" type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Anti-Pyretic
<input type="checkbox"/> Body Temp. Alt. In	<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> Stings/Splint
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Teaching
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> BSG/Wound Care
<input type="checkbox"/> Fluid Vol., Dal/Ex	<input type="checkbox"/> Labs
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Ice/elevate
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> X-Ray
(refer to Case Mgmt.)	<input type="checkbox"/> Ice/elevate
<input type="checkbox"/> Pain	<input type="checkbox"/> Meds As Ordered
<input type="checkbox"/> Other	<input type="checkbox"/> I & D
	<input type="checkbox"/> O2
	<input type="checkbox"/> Other

Time To Tx Area: \_\_\_\_\_ Rm # \_\_\_\_\_

## TRIAGE CATEGORY (Circle one)

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - Non-Urgent  
B/P Pulse Resp Temp SpO2 Pain ☐ See T-cheat  
154/98 89 18 100 97% 10

Arrived via: ☒ Car ☐ Ambulance ☐ Other \_\_\_\_\_

Pre Hospital Care: ☐ O2 ☐ IV ☐ SpO2 ☐ ASA N/A  
☐ Other: \_\_\_\_\_

## GENERAL APPEARANCE &amp; MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input checked="" type="checkbox"/> NAD	<input checked="" type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input checked="" type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Approp.
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
<b>Skin Color</b>	<b>Skin Moisture</b>	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	<input type="checkbox"/> Normal	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Apneic	<input type="checkbox"/> Normal	<input type="checkbox"/> Tearful
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Retraction	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Ashen	<input checked="" type="checkbox"/> Steady	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Stridor	<input type="checkbox"/> Aphasia	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____ O.D.: _____ O.U.: _____			

☐ Animal Control ☐ PT  
☐ DHR Referral ☐ Dentition  
☐ Police ☐ Coroner

Weight: \_\_\_\_\_ stated / measured  
Triage Nurse Signature: [Signature] Date: 6/24/06 Time: 17:00

## TILT TEST

☐ B/P: \_\_\_\_\_ P: \_\_\_\_\_  
☐ B/P: \_\_\_\_\_ P: \_\_\_\_\_  
☐ B/P: \_\_\_\_\_ P: \_\_\_\_\_  
Time Performed: \_\_\_\_\_

## NURSES NOTES

## SEE FLOW SHEET

NO ANSWER - 9:25 PM - 3 calls - PCT - PBC  
Left Prior to Discharge

## PHYSICIAN'S ORDERS

Medication	Dose	Route	Time Admin	Site	Comments	Signature
Tylenol 650mg	PO	intr. cap.				

## DISCHARGE

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
VITAL SIGNS

B/P T P R O2 Sat Pain  
/ / / / /

☐ Patient education provided on discharge instructions.

D/C Nurse: \_\_\_\_\_

## DISPOSITION

☐ Home ☐ Walk

☐ Admit to Rm: \_\_\_\_\_

☐ Surgery ☐ WC

☐ Transfer to: \_\_\_\_\_

☐ EXP ☐ Ambulance

☐ AMA ☐ ACCOM. BY

☒ LWT ☐ Self

☐ SNF ☐ Family/Friend

☐ Other ☐ Police

☐ M.D. Office ☐ Other

Physician Signature: \_\_\_\_\_

## EXTENDER

Certified Medical Emergency

☐ Yes ☐ No



PRINTED BY: b17606

BUSINESS OFFICE  
JUN 27 2005

FORM ER 16002 REV. 02/17/05

Patient Name: Harold Abrahamsen, Jr. Social Security # 524-04-1094Date of Birth: 06/08/59

1. I authorize the use or disclosure of the above named individual's health information as described below:

2. The following individual or organization is authorized to make the disclosure:

Address: Montgomery County Detention Facility  
250 S. McDonough Street  
Montgomery, AL 361043. The type and amount of information to be used or disclosed is as follows:  
(Includes dates where appropriate)

- ☐ Problem list ☐ Immunization record
- ☐ Medication list ☐ Most recent history and physical
- ☐ List of allergies ☐ Most recent discharge summary
- ☐ Laboratory results from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- ☐ X-ray and imaging reports from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- ☐ Consultation reports From (doctor's names): \_\_\_\_\_

☒ Entire record - from Jan 2005 to present

☐ Other: \_\_\_\_\_

4. I understand that the information in my health record may include information relating to sexually transmitted disease; acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization for the purpose of submission to the Social Security Administration.

Pam Gooden Cook, LLP  
1138 S. McDonough St.  
P.O. Box 242243  
Montgomery, AL 36124

6. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: obtaining disability benefits. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CRF 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact (insert HIM director, privacy officer, or other office or individual's name or contact information).

[Signature]  
Signature of Patient or Legal Representative

If Signed by a Legal Representative, Relationship to Patient

2/14/2005  
Date  
[Signature]  
Witness

000118H

**PAM GOODEN COOK, LLP**

Attorney at Law  
1138 S. McDonough Street  
P.O. Box 242243  
Montgomery, Alabama 36124

Telephone: (334) 834-5335

Fax: (334) 834-5331

June 21, 2006

Montgomery Co. Detention Facility  
250 S. McDonough Street  
Montgomery, AL 36104  
ATTN: MEDICAL RECORDS

RE: Harold Abrahamsen, Jr.  
SS# 524-04-1094  
DOB 06/08/59

Dear Custodian of Medical Records:

Our office is representing Mr. Abrahamsen concerning his claim for Social Security Disability benefits. It is my understanding that he has received treatment there in the past. As you may be aware, a disability determination is based on the medical evidence available. We are requesting medical records for any treatment, including the incidents of treatment, the conditions from which this client is suffering, your diagnosis, any medication that has been prescribed and its effect, and any long-range prognosis, from January 2005, to the present time.

I have included a medical authorization executed by Mr. Abrahamsen for your file. **MR. ABRAHAMSEN'S CASE IS SCHEDULED FOR HEARING ON JULY 14, 2006.** If you need any additional information for these records to be forwarded to me, please do not hesitate to call my office.

Sincerely,



Pam Gooden Cook

PGC/vef  
Enclosure

000119H



PAM GOODEN COOK, LLP  
ATTORNEYS AT LAW  
1138 S. McDONOUGH STREET  
P.O. BOX 242243  
MONTGOMERY, ALABAMA 36124  
TELEPHONE: (334) 834-5335  
FAX: (334) 834-5331

FACSIMILE COVER SHEET

NUMBER OF PAGES TRANSMITTED (INCLUDING COVERSHEET) 3 IF YOU DO  
NOT RECEIVE ALL PAGES BEING TRANSMITTED, PLEASE CALL (334) 834-5335

DATE: July 10, 2006

TO: Gail

PHONE NUMBER: 832-2542

FAX NUMBER: 832-7768

FROM: Jenny

COMMENTS:

- Re: Harold Abrahamsen, Jr.

- Spoke with a lady @ Corporate Headquarter &  
she told me to fax it to you. If there are any  
problems, please let me know.

Thanks,

Jenny

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND  
CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY  
NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU  
ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS  
COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS  
COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND  
RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL  
SERVICE. THANK YOU!

000120H

# Physician's Orders

Southern Health Partner's, Inc.

Inmate Name: <u>Abrahamson David</u>	Facility: Montgomery County Jail
SS#: <u>524.04.1044</u>	
DOB: <u>08-81</u>	
Allergies: _____	

Date: <u>Letter 50mg - po BID</u>	Date: <u>0 days</u>
<u>Bacrim DS - po BID</u>	
<u>morin 800 - po BID</u>	
M.D. Sig: <u>[Signature]</u>	M.D. Sig: _____
Date: <u>7/5/05</u>	Date: _____
<u>B/c Bacrim DS</u>	
<u>[Signature]</u>	
M.D. Sig: <u>[Signature]</u>	M.D. Sig: _____
Date: <u>7/13/05</u>	Date: _____
<u>it ASA</u>	
<u>noted</u>	
<u>ASmith</u>	
<u>7/13/05</u>	
M.D. Sig: _____	M.D. Sig: <u>[Signature]</u>
Date: <u>10/27/06</u>	Date: _____
<u>Elavil 50mg bid</u>	
<u>ASA 5 bid</u>	
M.D. Sig: _____	M.D. Sig: <u>[Signature]</u>

referred  
10/27/06  
an

000121H



# PHYSICIANS' ORDERS

Case 2:06-cv-01039-WKW-WC

Document 19-3

Filed 03/15/2007

Page 38 of 68

Southern Health Partners, Inc.

<p>Name: <u>Abrahamson, Harold</u></p> <p>D.O.B.: <u>6-8-59</u></p> <p>Allergies: <u>NKA</u></p> <p>Use Last Name: _____ Date: <u>7-23-05</u></p> <p>D.O.B.: _____</p> <p>Allergies: _____</p> <p>Use Last Name: _____ Date: _____</p> <p>D.O.B.: _____</p> <p>Allergies: _____</p> <p>Use Last Name: _____ Date: _____</p> <p>D.O.B.: _____</p> <p>Allergies: _____</p> <p>Use Last Name: _____ Date: _____</p> <p>D.O.B.: _____</p> <p>Allergies: _____</p> <p>Use Last Name: _____ Date: _____</p> <p>D.O.B.: _____</p> <p>Allergies: _____</p>	<p>Diagnosis (if chg'd):</p> <p><u>E/mil 100mg P.O. 5h</u></p> <p><u>T.O. Dr. Sanders / OlyDne</u></p> <p><u>Diagnosis (if chg'd):</u></p> <p><input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted</p> <p>Diagnosis (if chg'd):</p> <p><input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted</p> <p>Diagnosis (if chg'd):</p> <p><input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted</p> <p>Diagnosis (if chg'd):</p> <p><input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted</p> <p>Diagnosis (if chg'd):</p> <p><input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted</p> <p>Diagnosis (if chg'd):</p>
--	--

0001228

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Aberhamson, Harold R/S \_\_\_\_\_ DOB 6-8-59Booking No. \_\_\_\_\_ Floor \_\_\_\_\_ Cell 3B

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input type="checkbox"/> Doctor Visit \$10.00	<input checked="" type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input type="checkbox"/> Prescription \$3.00

Nursing Staff Signature Dail Cable M-11- Date 12-12-06Inmate Signature [Signature] Date 12-12-06White Original: Medical File  
SEBP 405

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Abrahamson, Harold R/S W/M DOB 6/8/59Booking No. 76171 Floor 3B Cell \_\_\_\_\_

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 1/19/07Inmate Signature [Signature] Date \_\_\_\_\_White Original: Medical File  
SEBP 708

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Abrahamson, Harold R/S \_\_\_\_\_ DOB \_\_\_\_\_Booking No. 76170 Floor 3 Cell B

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 12-12-06

0001234

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Harold M. Abrahamson R/S W/M DOB 6/8/54  
 Booking No. 76171 Floor 3B Cell       

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input type="checkbox"/> Doctor Visit \$10.00	<input checked="" type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 1/03/07Inmate Signature [Signature] Date       White Original: Medical File  
SEBP 4/05

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Harold Abrahamson R/S        DOB 6-8-59  
 Booking No.        Floor        Cell       

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 11-17-06Inmate Signature [Signature] Date 11-17-06White Original: Medical File  
SEBP 4/05

Yellow Copy: Accounts Manager

Pink Copy: Inmate

Montgomery County Detention Facility

Medical Division Charge Sheet

Inmate Name: Abrahamson, Harold R/S        DOB 6-8-59  
 Booking No.        Floor        Cell 2B

## SERVICES

<input type="checkbox"/> XRay \$10.00	<input checked="" type="checkbox"/> Doctor Visit \$10.00	<input type="checkbox"/> Nurse Visit \$10.00
<input type="checkbox"/> Lab \$10.00	<input type="checkbox"/> Dentist Visit \$10.00	<input checked="" type="checkbox"/> Prescription \$3.00

Nursing Staff Signature [Signature] Date 10-27-06Inmate Signature [Signature] Date 10-27-07White Original: Medical File  
SEBP 4/05

Yellow Copy: Accounts Manager

Pink Copy: Inmate

000124H

## ADMISSION QUESTIONS-MEDICAL

## OFFICER/INMATE INTAKE QUESTIONNAIRE

Abraham Harold Martin  
 Last Name First Name Middle  
 M 524-04-1094 6-8-59 Intake Date 10-20-06 Time AM/PM 1932  
 Sex Social Security No. DOB Allergies

Currently Under Physician Care for: Lung Cancer, Abscessed Lung, Depression, Arthritis  
 HAS A PHYSICIAN TOLD YOU THAT YOU HAVE, OR HAVE BEEN TREATED FOR:

Alcoholism	Yes	<u>No</u>
Asthma	Yes	<u>No</u>
High blood Pressure	<u>Yes</u>	No
Diabetes	Yes	<u>No</u>
Drug Addiction	Yes	<u>No</u>
Cancer	<u>Yes</u>	No
Heart Problems	<u>Yes</u>	No
Hepatitis	Yes	<u>No</u>
Ulcers	Yes	<u>No</u>
Kidney Problems	Yes	<u>No</u>
Intestinal Problems	Yes	<u>No</u>
Mental Health	<u>Yes</u>	No

Seizures	Yes	<u>No</u>
Sickle Cell Anemia	Yes	<u>No</u>
Suicide Attempts	Yes	<u>No</u>
Venereal Disease (s)	Yes	<u>No</u>
Tuberculosis	Yes	<u>No</u>
Eye Problem	<u>Yes</u>	No
Other:		
<u>Emphysema</u>		
Female:	Yes	No
Reproductive Problems		

Do you wear glasses or contacts? Yes No Weight Loss (greater than 20 pounds in last 3 months) Constant Cough

Have you been in the hospital in the past 6 months? Yes No Why? Lung condition

Are you on any current medications? Yes No If yes, what? Elavil, HCT, Lorazepam  
 Female: When was your last menstrual period?

## OFFICER OBSERVATION /VISUAL EXAM:

The inmate showing signs of trauma or injuries: Yes No If yes, where:

How does the inmate state the injury occurred?

The inmate a suicide risk: Yes No

Inmate appear to be under the influence of drugs or alcohol: Yes No

Are there signs of drug or alcohol withdrawal: Yes No

Officers Name/Signature [Signature] Date 10-20-06 Time 1939

## INMATE VERIFICATION AND CONSENT:

We answered all questions truthfully. I have been told and shown how to obtain medical services while incarcerated. I hereby give my consent and authorize health services to be provided to me by and through Southern Health Partners, Inc., the on-site medical provider. I further authorize the release of any and all medical records and/or treatment information be released to the designated healthcare provider within this facility, as well as transfer of this information to the next jurisdiction if any.

Inmates Signature X Date: 10-20-06

000125H

## ADMISSION DATA HISTORY AND PHYSICAL FORM

Intake Date: 10/20/06 Exam Date: 10/21/06 S.S.#: 524-04 1094  
Inmate Name: Abrahamson, David Martin Date Booked: 10/20/06  
(Last) (First) (Middle)  
Alias: Chuck County: MT94  
Address: 4100 Coos Bay Fairway Rd (City) (State) (Zip)  
Telephone: (531) 282-6630 Birthdate: 6-8-1959 Religion: 36110  
Education Completed: 12th Special Education: Some College  
Marital Status: S M W D Separated Read/Write English: YES NO Other:   
Previous Incarcerations: (Facility/Date) MPDF/2005

## MEDICAL HISTORY

Notify in Emergency: David Abrahamson Father  
Address: 12242 S.W. Ave. Oregostand Phone: 700-389-8809  
(Street) (City) (State) (Zip) (Relationship)  
Health Insurance: NO (Type of Insurance) (State) (Policy Number)  
Family Physician: NO (Name) (Street Address) (City) (State) (Zip) (Phone Number)

Past Hospitalizations (include surgeries): lung abscess 2004  
DMIS # South Blvd. Mount. al  
(Location) (Street Address) (City) (State) (Zip)  
Head Injury with Loss of Consciousness: NO Last Tetanus: 2004 Immunization: yes  
Allergies: NKA  
Current Medication(s): Latap, Lorazepam, HCTZ, Elavil

## MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: YES NO If Yes, Why:   
Where:  When:   
(Location) (Street Address) (City) (State) (Zip) (Date)  
Psychotropic Meds (Specify type and last dose): Elavil  
Prior Counseling/Out-Patient Treatment for: Antidepressant  
Where:  When:   
(Location) (Street Address) (City) (State) (Zip) (Date)  
Have you ever attempted suicide: NO How:  When:   
(Date)  
Have you recently considered committing suicide? NO  
Have you ever been arrested for a violent crime/sexual offense? (Specify)   
Street drugs: NO Smoker: yes Etoh: occasional  
(Type-Quantity) (How Often) (How Long) (Type-Quantity) (How Often) (How Long)  
Inmate's Signature: David Abrahamson Date:   
Interviewer's Signature: Chiles Rpu Date:   
Witness: (if physical is refused):  Date:

000126H



# TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Abrahamson, Harold Cell # 4B 2B  
 SS# 524-04-1024 DOB 018/1959 ☒ Male or ☐ Female

Date of TB Skin test: 10/21/06 Done by Nurse: Chesford  
 Previous Positive: YES or ☒ NO Previous Therapy: YES or ☒ NO

## TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:

Date TB Skin test was read: 10/24/06 Done by Nurse: R. Baskette, RN  
 Number mm: 0 Referral for Chest X-ray: YES or ☒ NO If yes, Date of CXR: \_\_\_\_\_

Comments: \_\_\_\_\_



Southern Health Partners, Inc.  
TB Consent Form

Lot #:  
Exp. Date #:  
Results:

## Tuberculosis Screening and Treatment

### What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV infections/AIDS

### Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

### Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

### Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature

Date 10/21/08

Witness:

Date 10/21/08

Confidential Medical Information

000128H



RECEIVED  
1-16-07

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1-14-2007 Pod/Location: 3B Cell: 9 ID# 76171

Inmate's Full Name: HAROLD M. ABRAHAMSON JR.

Complaint/Problem: NEED MORE OF SKIN OINTMENT NURSES GAVE ME LAST TIME  
BLOOD PRESSURE STILL NOT QUITE RIGHT, SOMETIMES STILL TOO HIGH, PAIN IN CHEST WHEN ITS HIGH, NUMBNESS DOWN BACK OF LEFT ARM TO ELBOW AND HEADACHE ON FOREHEAD AREA  
 How long have you had this problem? THIS LAST WEEK

Inmate's Signature: [Signature]

Date: 1-14-2007

\*\*\*\*\* ALL GOES AWAY WHEN TAKE ALL \*\*\*\*\*  
 ALSO BELIEVE IT IS SOMETHING TO DO WITH DIET

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 20 Pulse 63 B/P 152/97

Instructions/Assessment: Document your findings, Inmate's responses/actions  
Referred to doctor's list on 1-19-07

- ☐ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 1/17/07 Seen by: [Signature]

Place original form in patient's medical record.

000129H





RECEIVED  
12/2

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 1.1.2007 Pod/location: 3B9 Cell: \_\_\_\_\_ ID# 76171

Inmate's Full Name: HAROLD M. ABRAMSEN JR.

Complaint/Problem: I DON'T KNOW IF DOCTOR HAS BEEN AVAILABLE  
LAST COUPLE OF WEEKS BUT THIS WILL MAKE 3RD REQUEST IN  
LAST 3 WEEKS, AND AS SOON AS YOU CAN PLEASE SCHEDULE ME TO  
SEE DOCTOR  
How long have you had this problem? EVER SINCE I CAME TO BE @ M.C.D.F.

Inmate's Signature: [Signature] Date: 1.1.2007

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 24 Pulse 70 B/P 130/80

Instructions/Assessment: Document your findings, Inmate's responses/actions c/o burning sensation  
to chest & chest pain - chronic pain to knee - Request  
for extension of medication - I'm requesting to see  
physician - observed to have dry flaky skin to feet - scalp  
& inner buttocks. Went to get elovil 1 - Motrin 800mg to  
BID  
45 days

- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 1/03/07 Seen by: [Signature]

Place original form in patient's medical record.

000130H

## SICK CALL REFUSAL FORM

I, Harold Abrahamson (inmate name) understand that my name is on the sick call list to be seen by Southern Health Partners medical staff at Montgomery County Jail, and that I am declining to be seen at this time. I further understand that it will be documented as such in my medical file, and that my name will NOT be added back to sick call, unless I submit another sick call request.

REFUSED TO Sign  
Inmate Signature

12-20-06  
Date/Time

Sgt [Signature]  
Witness Signature

12-20-06  
Date/Time

[Signature]  
Nurse Signature

12/20/06  
Date/Time Noted



RECEIVED  
RUC 12/18

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12.16.2006 Pod/Location: 3B Cell: 9 ID# 76171

Inmate's Full Name: HAROLD M. ABRAMSEN JR.

Complaint/Problem: STILL HAVING CHEST PAIN, EVENING OF 12.15.2006 RECEIVED NO HIGH BLOOD PRESSURE MEDS, SEEM TO HAVE STAFF OR RINGWORM LEFT FOREARM, ALSO FEET SEEM TO HAVE SOME SORT OF FUNGUS, AND SCALP IS FLAKING, NEVER HAD ANY OF THESE THINGS  
How long have you had this problem? OTHER THAN CHEST PAIN, ALL NEW OR RECENT

Inmate's Signature: [Signature] Date: 12.16.2006

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions

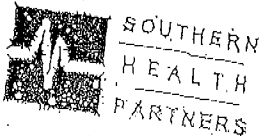
- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

000132H

PREVIOUSLY AT 3F



RECEIVED  
R12-11-06-30

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-08-2006 Pad/Location: 3B Cell: 9 ID# 76171

Inmate's Full Name: HAROLD M. ABRAMAMSEN JR.

Complaint/Problem: LUNGS FEEL LIKE THEIR BURNING, HAVE SORES AND CONGESTION FROM STAYING IN 3F, SEWER GASES IN CELL BLOCK, FROM FOLKS TAKING WATER OUT OF TOILET TRAPS - TO TALK ON TOILETS

How long have you had this problem? HAS MADE ME VERY SICK THIS WEEK

Inmate's Signature: [Signature] Date: 12-08-2006

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98.8 Resp 20 Pulse 93 B/P 154/97

Instructions/Assessment: Document your findings, Inmate's responses/actions

Lungs clear, HR regular, skin warm & dry  
Cap refill good. No sinus congestion noted.  
No cough noted. I/M states Motrin helps  
c pain. Will monitor.

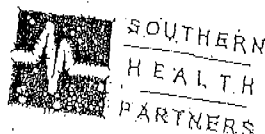
- ☐ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 12-12-06 Seen by: D. Cobb M7A

Place original form in patient's medical record.

000133H

**2ND REQUEST**



**RECEIVED**

# INMATE SICK CALL SLIP -- MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-07-06 Pad/Location: 3F Cell: 13 ID# 76171

Inmate's Full Name: HAROLD M. ABRAHAMSON JR.

Complaint/Problem: CHEST HURTING PAIN, CANT SLEEP AT NIGHT

I'M SICK NOW, THROAT TO LUNGS RAW FEELING,  
MY LUNGS HAVE BEEN BURNING RT ONE MORE, BEEN FEELING  
WEAK, ROTTING FRESH ODOR FROM THROAT AND CHEST  
 How long have you had this problem? CHRONIC

Inmate's Signature: [Signature]

Date: 12-07-2006

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs:

Temp 98.6 Resp 20 Pulse 70 B/P 132/84

Instructions/Assessment: Document your findings, Inmate's responses/actions  
up to MD, Clo in lung abcess? Paper to follow  
abester(?) 2004 due to

- ☐ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: B/Mae Seen by: [Signature]

Place original form in patient's medical record.

000134H



GENERATED FROM TRUSTEE CELL BLOCK 2D



RECEIVED  
11/15

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 11.14.2006 Pod/Location: 3F Cell: 13 ID#: 76171

Inmate's Full Name: HAROLD M. ABRAHAMSON JR.  
Complaint/Problem: STILL HAVING CHEST PAINS, NEED EXAMINATION  
DONE BY QUALIFIED, DISINTERESTED 3RD PARTY DOCTOR WHO  
IS CONCERNED ABOUT PROPER MEDICAL TREATMENT AND CARE  
CHRONIC HISTORY, ARTHORITIS, LUNG DISEASE

How long have you had this problem?

Inmate's Signature: [Signature]

Date: 11.14.2006

\*\*\*\*\*  
NEED 100MG INSTEAD OF 50 @ MORNING CALL AND 50  
TO BE COMPLETED BY MEDICAL STAFF @ NIGHT OVER

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions

I / m referred to MD

- ☐ Received Orders -- thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 11/16/06 Seen by: [Signature]

Place original form in patient's medical record.

000135H

*Am, Sick, 1/15 of Chronic  
& Depression*

Southern Health Partners, Inc.  
JAIL MEDICAL UNIT

RECEIVED  
APR 10 2007

# INMATE SICK CALL SLIP

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member.

Today's Date: \_\_\_\_\_ Pod/Location: 2B Cell: 3  
Name: HAROLD M. ABRAMSEN JR.  
ID#: 76171

Complaint/Problem: NO MEDS, NEED - LONG MEDS.  
WALK. DEPRESSION. DEGENERATIVE ARTHROS.  
MYOCLONIC SPASTIC LUTAB, HLT, U.B. P.  
AND ELIVIL

How long have you had this problem?

SICK FOR OVER 2 YEARS CHRONIC  
TO BE COMPLETED BY MEDICAL STAFF:

Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: C/O heavy asthma on lung - I was taking 2  
asprins daily - I am on it Armit Leg - C/O  
unable to stand a long period - Breathing shallow  
I/M. refused to MD for multiple problem

- ☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 10/26/06 Seen by: Allen

Place original form in patient's medical record.

000136H



Date/Time

Inmate's Name:

D.O.B.:

J.S. #:

1/4/07

Feds generally better. B.P. is better  
 Feds like B.P. is going up in the  
 evenings. Still has some pain in left  
 chest & some pain in anterior shoulder.

PB / lungs - clear  
 S - RRR

A: HTN  
 chest wall pain.

Plan → Tadalafil to bid

Phospho 800 bid x 2 wks.

1/19/07

Was given some cream last week for dry skin. Worked  
 pretty well. Still has some chest pain &  
 burning in lungs. Worsen when B.P. is up.  
 Also has some numbness in left arm. Used to smoke but  
 quit for 13 yrs. & started back 1/2 pph. Gets an  
 occasional burning in both sides of chest.

PB / BP 176/108  
 No JVD

A: HTN  
 lungs - clear C5 - RRR @ rag  
 chest wall pain.

Plan → vasotec 20mg bid

HTN 25mg daily.

Date/Time: Inmate's Name: Harold Abrahamson S.S. #:

11/17/06  
 Getting pain in subcostal area & radiation through to his back. Has an old abrasion to the Right of lower sternum. When he doesn't eat sugar he doesn't sleep very well. Has been in M.I. in the past. In Dec. of '03. He left the hospital. Gets pain to left of sternum - sharp pain. Also gets numbness in both arms - last 2 fingers of both hands get numb. Also has pain in @ shoulder.

PE: / lungs - clear. / Elevated 150  
 CV - RRR @ 100 / bld  
 ASA.

A: chest wall pain  
 Back pain

Plan -> T. giving elev 1 to 100mg -  
 Ibuprofen 800 bid x 2 wks.

12/10/06 Still has a sharp pain @ left edge of sternum. N/A. Has it often. Non-radiating. Will let up for 2 hrs. Gets SOB & it. No nausea. Also has dark circles under his eyes. Sleeps O.K. at night. Also 5 days ago will be lying in bed & has sensation that he's falling. No syncope. Would have it when he was standing up. Had a subdural in '82 2° head injury. Has also had a prod cough.

PE: / BP 180/100 by me. / a prod cough.  
 lungs - clear. CV - RRR

A: Bronchitis  
 H/W Plan -> Doxy cycline 100 bid x 10 dgs.  
 H/W Plan -> Atenolol 50 mg daily.

000138H

Inmate's Name:

D.O.B.:

J.S. #:

10/27/06

Had an M.I. 3 yrs ago & treated at Baptist South.  
 Also had a lung abscess. Also went to Pri-Med  
 & was told he had a mass on 2<sup>nd</sup> asbestos. Had a  
 Bronchoscope & was told he had a cancer.

Pri-Med near Vaughn Road.

Has trouble & numbness in arms & hands. Also has  
 tenderness on insides of both knees.

Has also had some chest pains off & on.

PE: / lungs - clear.  
 Cr - RRR 50g.

A: depression  
 A/C parapneumonic effusion

Plavix clar. 150g bid.

ASA bid

*[Signature]*

000139H

38

## Physician's Orders

Southern Health Partner's, Inc

Inmate Name: <u>Harold Abrahamson</u>	Facility: <u>Montgomery County Jail</u>
SS#: <u>524-01-1094</u>	
DOB: <u>6-8-59</u>	
Allergies: _____	

Date: <u>11/17/06</u> <u>1 evening clonil</u> <u>Ibuprofen 800mg</u> <u>Albuterol MDI</u> M.D. Sig: <u>[Signature]</u> <u>11/17/06</u>	Date: _____ <u>to 100mg -</u> <u>bid x 2 wks.</u> <u>2 puffs qid. PM</u> M.D. Sig: <u>[Signature]</u> <u>11/17/06</u>
Date: <u>12/2/06</u> <u>Doxycycline 100mg bid x 10 days</u> <u>Abrolol 50mg po daily.</u> M.D. Sig: <u>[Signature]</u>	Date: _____ <u>[Signature]</u> M.D. Sig: <u>[Signature]</u>
Date: <u>1/03/07</u> <u>Q Motrin 800mg po BID</u> <u>x 5 days</u> <u>S.O. Dr. Nichols / C. Dr. [Signature]</u> M.D. Sig: <u>[Signature]</u>	Date: <u>1/4/07</u> <u>Tatrolol to bid</u> <u>Ibuprofen 800mg po bid x 2 wks.</u> <u>noted</u> M.D. Sig: <u>[Signature]</u>
Date: <u>1/19/07</u> <u>Vorotec 20mg po</u> <u>HCTZ 25mg po q AM.</u> M.D. Sig: _____	Date: _____ <u>bid.</u> <u>[Signature]</u> M.D. Sig: _____

1-15-07  
 m

000140H



SOUTHERN  
HEALTH  
PARTNERS

RECEIVED  
3-6-07

# INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the hand mail box for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 2.5.2007 Pod/Location: 2C Cell: 71A ID# 76171

Inmate's Full Name: HAROLD M. ABRAHAMSON JR

I HAVE ALREADY PUT IN 2 SIMILAR REQUESTS, I STILL HAVE A INFECTED  
Complaint/Problem "PROSTRATE" AND THIS MORNING AGAIN AS WELL AS SATURDAY & FRIDAY AFTER  
NOON AND EVENING, HAVING CONTINUOUS CHEST PAINS, LUNGS ALSO HURTING  
AGAIN - HOWEVER MED SHORTAGES WERE CORRECTED SUNDAY MORNING,

How long have you had this problem? "CHRONIC CONDITIONS"

Inmate's Signature: [Signature] Date: 2.5.2007

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp \_\_\_\_\_ Resp \_\_\_\_\_ Pulse \_\_\_\_\_ B/P \_\_\_\_\_

Instructions/Assessment: Document your findings, Inmate's responses/actions

Placed on MD list for 3-6-07

- ☐ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
- ☐ Follow-Up Required? If checked, date to be seen again: \_\_\_\_\_
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: \_\_\_\_\_ Seen by: \_\_\_\_\_

Place original form in patient's medical record.

000141H



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:	S.S. #:
-----------	----------------	---------	---------

2/9/07

B.P. has been O.K. Says his B.P. has been good. Has had stabbing chest pain - sharp pain to left of sternum - non-radiating. Still has a dull, aching pain that radiates through to his back. Also has some pain in the back of left upper arm when he lays on his left side. Also has degenerative arthritis in his lower back & neck. Has to have epidurals about every 7 years for it. Gets worse when he leaves off the morphine. As far as the chest pain goes he gets it when he's stressed or goes up stairs. Or moves a certain way. Would also like to see the psych doctor.

PB #1

lungs clear

CXR - RRR

Non-tender chest wall

atorol 50 bid  
 claril 50 q AM  
 100 @ night  
 rooster 20 bid  
 Hctz 25 q AM

A: AM

chest pain

No lung abuse

DDD block.

Plan → with orange CXT  
 CRR

Moxin 1200 q bid

I claril to 100 q bid

173

**SOUTHERN RADIOLOGY SERVICES, LLC  
X-RAY REPORT**

DATE	LAST NAME	FIRST NAME	MI
2/13/2007	ABRAHAMSON	HAROLD	
D.O.B.	SEX	FACILITY	
	M	MONTGOMERY COUNTY JAIL	
ORDERING PHYSICIAN		X-RAY NO.	
		G	

**SINGLE VIEW CHEST, 2/13/07**

**HISTORY:** Positive PPD

**FINDINGS:** There is hyperinflation and hemidiaphragm flattening compatible with COPD with heart not enlarged, pulmonary vascularity normal and lungs otherwise clear. There is no pleural fluid or pneumonia. Osseous structures appear normal.

**OPINION:** Changes consistent with COPD, otherwise negative study.



---

John Waldo, M.D./kmc

Dictated but not reviewed.

tt: 2/13/2007 8:06:41 PM

td: 2/13/2007 5:31:09 PM



2/15/07

Had some dysuria for a couple of weeks off & on.  
Some h/d & dream, for some time. Also has  
some rectal discomfort.  
No fever.

Not worse since P. ing clarid done

PH: /

prostate med. large & tender.

A: prostatitis

Plan -> Doxycycline 100mg bid x 2 wks.

3/6/07

W/S

Still has pain in left chest. When he got back  
from the GXT would have light headed spells.  
No spinning. Still has pain to left of sternum  
Also had some pleuritic pain, off & on.

Also has degenerated discs in L5 2, 3 & 4. Motrin  
doesn't help much. Also heels are really dry  
again. Has a lot of pain in lower back.  
Took pain pills for that before. Has one mat  
on Bunk. Also prostate is still bothering him.  
PH: / lungs - clear. CV - RRR

A: costochondritis, back pain.

Plan -> I told him his heart & chest  
were normal.

expro 500 bid x 10 days

orders

4 mg @ night.

W/S

000144H

## Physician's Orders

Southern Health Partner's, Inc

Inmate Name: <u>Abrahamson</u>	Facility: _____
SS#: _____	Montgomery
DOB: _____	County
Allergies: _____	Jail

Date: <u>2/9/07</u> The prof 1200mg po bid CR "hio lung abscess" Telarit to 100mg bid. M.D. Sig: <u>[Signature]</u>	Date: <u>2/9/07</u> Have Nurse Cobb call me about doing a treadmill on him. M.D. Sig: <u>[Signature]</u>
Date: <u>2/15/07</u> noted Daxycycline 100mg po bid x 2 wks. M.D. Sig: <u>[Signature]</u>	Date: _____ M.D. Sig: _____
Date: <u>3/6/07</u> cipro 500mg bid x 10 days. cephadrone 4mg po et night M.D. Sig: <u>[Signature]</u>	Date: _____ M.D. Sig: _____
Date: _____ M.D. Sig: _____	Date: _____ M.D. Sig: _____
Date: _____ M.D. Sig: _____	Date: _____ M.D. Sig: _____

000145H

Case 2:06-cv-01039-WKW-WG Doc# 11-1

MEDICATION ADMINISTRATION RECORD

000146H

SENT FOR	10-27-06	THROUGH	10-31-06	Telephone No.	Medical Record No.
NAME	Nichols			Alt. Telephone	
	NKA			Noninhabitable Potential	

Patient Name:		Approved By Doctor:	
		By: _____ Title: _____ Date: _____	
Abrahamson, Harold.	6-8-59	m	2B
		Room	Code
			Admission Date



MEDICATIONS	HOOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<del>ASA 325mg</del>	<del>PO</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>
ASA 325mg	PO BID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<del>Elavil 50mg</del>	<del>PO</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>
Elavil 100mg	PO BID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<del>Elavil 100mg</del>	<del>PO</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>
Elavil 100mg	PO BID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<del>Albuterol MDI</del>	<del>PO</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>
Albuterol MDI	PO BID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<del>Albuterol MDI</del>	<del>PO</del>	<del>1</del>	<del>2</del>	<del>3</del>	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	<del>9</del>	<del>10</del>	<del>11</del>	<del>12</del>	<del>13</del>	<del>14</del>	<del>15</del>	<del>16</del>	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	<del>21</del>	<del>22</del>	<del>23</del>	<del>24</del>	<del>25</del>	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	<del>31</del>
Albuterol MDI	PO BID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

11-1-07	11-30-07	Telephone No.	Medical Record No.
Nichols		Alt. Telephone	
NR-A		Rehabilitative Potential	

Approved By Doctor:	By:	Title:	Date:
Abrahamson, Harold	6-8-59	m	23



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 100 MG ELAVIL 100 MG TABLET TAKE 1 TABLET AT BEDTIME	12/04/06																															
	PM																															
	11/20/07																															
	PM																															
ISA 325mg BID	11/20/07																															
	R																															
	11/20/07																															
	PM																															
Elavil 100mg qpm	11/20/07																															
	R																															
	11/20/07																															
	PM																															
tenofo 50mg PO daily	11/20/07																															
	R																															
	11/20/07																															
	PM																															

REORDER FROM INTEGRAL SOLUTIONS GROUP - 1-800-235-0767

FORM A-55

STOCK #506423

000143H

12/01/06	12/31/06	PAGE	1 OF	1
NICHOLS, KEN	Telephone No.	Medical Record No.		
NICHOLS, KEN	Alt. Telephone			
NKA	Rehabilitative Potential			
Approved By Doctor:				
By:	Title:	Date:		
ABRAHAMSON, HAROLD	/08/1959	J	ABRAHARO	10/30/06



MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AMITRIPTYLINE HCL 50 MG T	12/18/07																																
ELAVIL 50MG TABLET	12/18/07																																
TAKE 1 TABLET IN THE MORNING AND 2 AT BEDTIME	12/18/07																																
ALBUTEROL 90 MCG INHALER	11/20/07																																
PROVENTIL 90 MCG INHALER	11/20/07																																
USE 2 PUFFS FOUR TIMES DAILY AS NEEDED	11/20/07																																
Atenolol 50mg	1/4/07																																
ipobid	1/4/07																																
Vasotec 20mg PO BID	1/4/07																																
Hydiz 25 mg PO	1/4/07																																
Q AM Start When Available	1/4/07																																

01/01/07	THROUGH	01/31/07	PAGE	1 OF	1
NICHOLS, KEN	NICHOLS, KEN		Telephone No.	Medical Record No.	
NKA			Alt. Telephone		
			Rehabilitative Potential		
Approved By Doctor:	By: Dr. Nicholas Lares		Title: Jpn	Date: 12/31/06	
ABRAHAMSON, HAROLD	08/1959	m	382	ABRAHARO	10/30/06

REORDER FROM INTEGRAL SOLUTIONS GROUP - 1-800-235-0787  
FORM A-33  
STOCK #30622  
000149H



MONTGOMERY COUNTY JAIL  
ABRAHAMSON, HAROLD  
REPORT DATE : 02/07

# MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROCHLOROTHIAZIDE 25 MG TAKE 1 TABLET IN THE MORNING	01/22/08 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T VASOTEC 20 MG TABLET TAKE 1 TABLET TWICE DAILY	01/22/08 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ATENOLOL 50 MG TABLET TENORMIN 50 MG TABLET TAKE 1 TABLET TWICE DAILY	01/08/08 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 50 MG T ELAVIL 50MG TABLET TAKE 1 TABLET IN THE MORNING AND 2 AT BEDTIME	12/18/07 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASPIRIN 325 MG TABLET TAKE 1 TABLET TWICE DAILY	12/18/07 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ALBUTEROL 90 MCG INHALER PROVENTIL 90 MCG INHALER USE 2 PUFFS FOUR TIMES DAILY AS NEEDED	11/20/07 P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Elavil 100 mg bid	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
1 bupropfen 1200mg po bid	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Doxycycline 100 mg PO BID x 2 weeks Start 2/19/07 Stop 3/01/07	AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR	02/01/07	THROUGH	02/28/07	PAGE	1 OF 1
Physician	NICHOLS, KEN	Telephone No.		Medical Record No.	
Alt. Physician	NICHOLS, KEN	Alt. Telephone			
Allergies	NKA	Referral			
Diagnosis					
Medical Number		Medicare Number		Approved By Doctor	
				By:	
RESIDENT	ABRAHAMSON, HAROLD	06/08/1955	Sex	Patient	
				Code	ABRAHAMSON
				Date	10/30/06

000150H



MONTGOMERY COUNTY JAIL  
ABRAHAMSON, HAROLD  
REPORT DATE : 03/07

# MEDICATION ADMINISTRATION RECORD

-2

MEDICATIONS	HOUR	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HYDROCHLOROTHIAZIDE 25 MG	01/22/08																														
TAKE 1 TABLET IN THE MORNING	AM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ENALAPRIL MALEATE 20 MG T	01/22/08																														
VASOTEC 20 MG TABLET	AM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET TWICE DAILY		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ATENOLOL 50 MG TABLET	01/08/08																														
TENORMIN 50 MG TABLET	AM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET TWICE DAILY		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AMITRIPTYLINE HCL 50 MG T	12/18/04																														
ELAVIL 50MG TABLET	AM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET IN THE MORNING AND 2 AT BEDTIME		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASPIRIN 325 MG TABLET	12/18/07																														
TAKE 1 TABLET TWICE DAILY	AM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	PM	1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
VENTOLIN HFA 90 MCG INHAL	02/02/08																														
JSE AS DIRECTED		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Elavil 100mg																															
BID		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2/9/07		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Motrin 1200mg																															
BID		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR 03/01/07 THROUGH 03/31/07

PAGE 1 OF 2

Physician NICHOLS, KEN

Alt. Physician NICHOLS, KEN

Allergies NKA

Diagnosis

Medicaid Number

Medicare Number

Approved By Doctor

By: Dr. Nichols

D.O.B.

Sex

Age

Patient

Code

ABRAHARO

Admission

Date

10/30/06

RESIDENT

ABRAHAMSON, HAROLD

06/08/1959

Title

4pm

3/1/07

Medical Record No.

000151H

